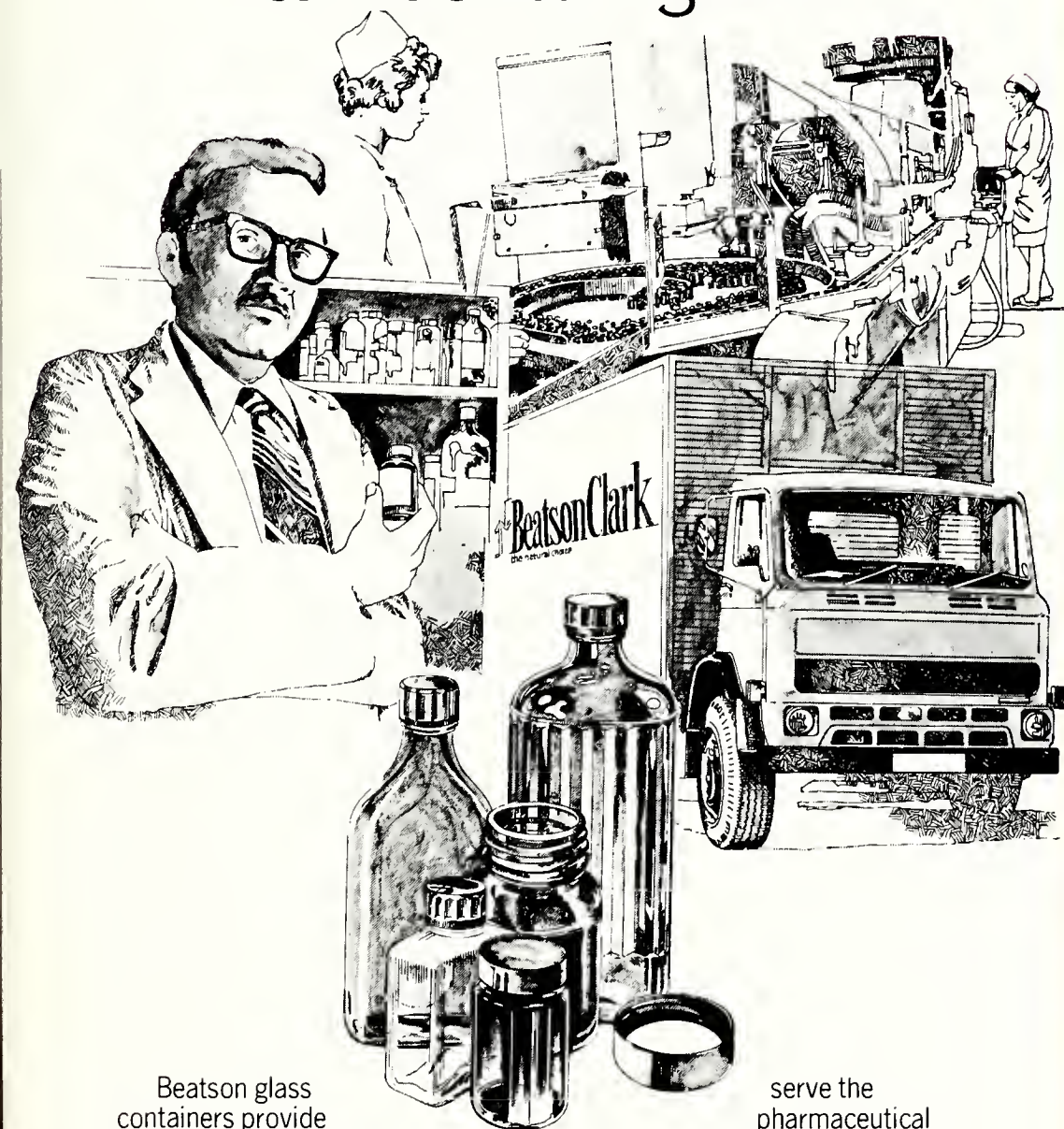


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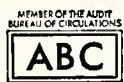
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COMMENT

Airing of views

The one thing that can be said about last Sunday's conference of Local Pharmaceutical Committee representatives is that everyone had ample opportunity to express their viewpoint. More than 50 representatives came to the microphone—some as many as seven times—to have a say on some 30 motions. But is the Pharmaceutical Services Negotiating Committee any the wiser as a result? Has it been pointed in a new direction? Has it even had its recent actions and decisions endorsed? The answer to all of those questions must be "no", because in some motions the representatives could be considered guilty of the crime of which Mr Ennals stands accused—prevarication. All too often, as our report (p913) indicates, the discussion went round in ever-widening circles.

This was perhaps most noticeable on the issues of the industrial action ballot and trade union affiliation. And in both cases there must be a questionmark over the implication of the decisions reached. What, for example, is to be made of the far-from-overwhelming vote in favour of a ballot on sanctions? The LPCs were not being asked to take industrial action, merely whether PSNC should take the apparently reasonable step of holding a postal ballot of contractors to assess support for it. Yet the representatives were in doubt. Did the dissenters oppose a ballot in the belief they themselves should be the voice of contractors? Did they consider they knew their local contractors would oppose sanctions (some said this was the case) and vote accordingly? Or did they fear the outcome of a ballot?

As one speaker asked: if the conference could not come to any clear decision what can be expected of contractors in general? Perhaps we may answer that for him. What *must* be expected is a return of the ballot form. The replies on it will be a matter of personal opinion, but they must be honest and comprehensive so that PSNC knows exactly what support it may expect and consequently what policy to formulate.

The only result of a ballot that would do a disservice to PSNC's negotiating position is apathy. If there is strong backing for industrial action then PSNC may pursue a threatening line—and will know that it can bite as well as show its teeth. But if contractors decide to put the patient's welfare above their own prosperity—survival even—then that decision in itself may be used as a public relations weapon.

Despite the meeting's shortcomings, Mr Sharpe is to be congratulated for getting through a long agenda with tact—and perhaps guile in letting representatives stray from the point on occasion, so that he could never be accused of stifling discussion. But even with the freedom they were offered, few speakers gave opinions on Mr Ennals' offer or PSNC's reaction to it. Neither praise, nor condemnation. The LPCs voted that they should be "consulted" more by PSNC, but surely they will need to act less in the manner of a "talking shop" if they wish to influence decisions which had to be taken in the cold light of reality.

Panel's terms of reference to be extended

The Secretary for Social Services, Mr David Ennals, has agreed to widen the terms of reference of the independent assessment panel (*C&D*, November 18, p848) beyond the profit margin issue. Announcing the decision, at Sunday's Local Pharmaceutical Committee representatives conference (p913), Mr David Sharpe said a "platitudinous" widening would not be acceptable to the Pharmaceutical Services Negotiating Committee.

Mr Sharpe said that when PSNC representatives met Mr Ennals to discuss

the dispute on November 14, the Secretary of State had agreed to change one or two words in the offer of the panel. At a Press conference the following day PSNC said they wanted the terms to include stock-holding period, price change procedure, property costs, etc.

The PSNC held a meeting on Monday after the conference but agreed that the new move would have to be considered along with opinions presented at conference. The Committee has therefore referred the matter to its next meeting.

First pharmacist payment rejected

Conference also heard on Sunday that the Department of Health had rejected PSNC's claim for full-time payment for the first pharmacist in any premises. Mr A. Smith, PSNC chief executive, said an impasse had been reached and it was time to seek opinion of counsel. A meeting with interested bodies has been arranged to consider it. Mr Smith said pharmacists had to conform to their hours of service agreement and could be subject to a service committee hearing if they were not on the premises the whole time. A 100 per cent devotion to duty was expected but not for a 100 per cent salary, he added.

Mr Smith also said much work had

been done on formulating a new NHS contract but that it was tied to a rational distribution of pharmacies. Until the profession "grasped that nettle" contractors would always have an averaging system of global sum payment.

PSNC has accepted the Department's amendments to the NHS payment statement (FP34B). Mr S. Axon, PSNC secretary, told conference that the new form would include on-cost percentage, on-cost allowance and discount allowance. At present only on-cost allowance is given. A resolution from Barnet seeking the net figure after deduction of discount was withdrawn following Mr Axon's information.

Liberals vote for generic prescribing

The Liberal Party council has voted overwhelmingly in favour of doctors prescribing in terms of the British National Formulary.

Pharmacists would dispense the BNF drug—even if a proprietary preparation had been prescribed—unless the prescribing doctor gave a reason for wanting a specific brand. A spokesman for the Liberal Party health panel told *C&D* that the panel wanted the Department of Health to put more pressure on doctors to prescribe generic preparations wherever possible. If the doctors refused to co-operate he felt the Department should introduce regulations allowing pharmacists to substitute non-proprietary brands.

If a doctor required a specific brand he could give his reason by means of a written instruction with the prescription. "In this way," the spokesman continued, "doctors would have to take positive action to prescribe expensive drugs."

The council also voted for a system whereby members of the public could register a formal complaint about the service provided by independent NHS contractors other than, as at present, one related to an alleged breach of the contractor's terms of service.

These resolutions are now part of Liberal Party policy and will be drawn to the Department's attention. However, it is not yet known whether they will be subject to a substantial campaign as this depends on the Party's political priorities.

Unichem advertising case hearing starts

The Pharmaceutical Society's Statutory Committee hearing of the Unichem advertising case opened on Wednesday as *C&D* went to press.

Before the Committee were Mr M. G. Frith, director and chairman, Mr D. C. Mair, director, and Mr G. J. White, marketing director of Unichem Ltd. They were alleged by Mr Josselyn Hill, QC for the Society, that as directors they held themselves responsible and were aware of the difficulties they were liable to get into if the company persisted in the forms of advertising to which the Society objected. In consequence they may be unfit to have their names on the Register.

The complaints before the Committee concerned a poster campaign bearing the words "prescriptions," "private local chemist" and "independent pharmacy"; a Ford Fiesta campaign using the restricted title "chemist" and a Castaway competition also using the restricted title. The objection was that the campaigns caused invidious distinction between pharmacists.

The hearing opened with Mr G. Appelbe, head of the Society's law department, giving the background to the case.



Is this a vote for sanctions, for a vote on sanctions, or a vote on whether we need to vote for a vote on sanctions?

LPCs opposed to union talks but favour ballot on sanctions

Local Pharmaceutical Committee representatives have rejected affiliation of the Pharmaceutical Services Negotiating Committee to a trade union but have voted for a ballot of contractors to assess support for industrial action.

At Sunday's LPC representatives conference the two topics received most debate among the 31 motions on the agenda. Mr D. C. Evans, City and East London, moved the joint resolution (with Kensington, Chelsea and Westminster) that "Due to the continuing stalemate between the Department of Health and PSNC in negotiations on profit and notional salary which is causing increasing difficulties and decreasing gross profit margins for pharmacist contractors, there is a need for PSNC to enlist the expertise in negotiations of a suitable TUC affiliated trade union. Conference therefore calls upon PSNC to enter into immediate talks with a view to affiliation with such a union to secure the rights of its pharmacist contractor members."

Mr Evans said contractors always appeared to be disunited when negotiating with the government. He felt there was a lot of talent on PSNC but disunity was still reflected. He said there was nothing to lose by affiliation—there would be no loss of identity, status or professionalism. Affiliation would be on PSNC terms—if not then it need not be brought about. Pointing out that his resolution called for discussions he said there was nothing to lose by talking about it.

'Keep them on the run'

A good negotiator was needed, he argued, to "keep the government on the run—wriggling all the time". The initiative gained by the 1977 campaigns had been lost but should not have been. He

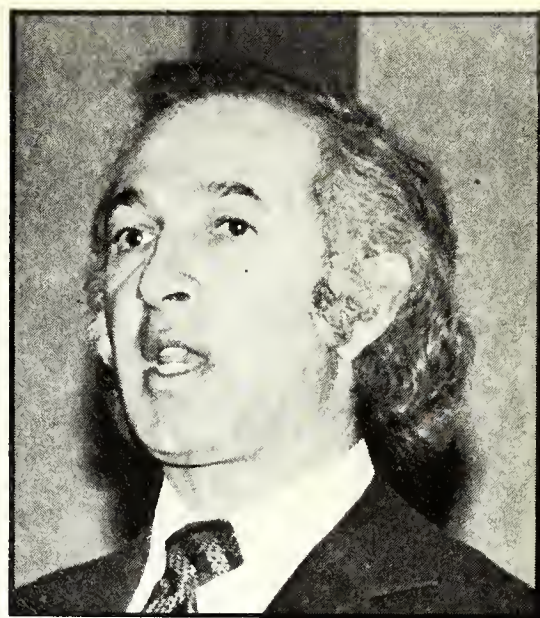
warned, however, that a union negotiator would need a clear message from pharmacists and there would have to be unity among contractors.

Mr K. G. Martin, Dudley, asked why contractors had to look outside—"We have muscle but who will support industrial action?". Mr C. Nicholson, Buckinghamshire, agreed, and said the PSNC had a chief executive who should lead negotiations. Mr A. J. Edwards, Camden & Islington, thought affiliation with a union could bring improvements similar to those achieved following the merger of the Guild of Hospital Pharmacists with the Association of Salaried, Technical and Administrative Staffs. Mrs E. Lucas Smith, Berkshire, thought the proposed independent assessment panel (C&D, November 18, p848) would be a preferable way to achieve contractors' claims.

A cause of disunity

Mr J. Davies, Somerset, said that affiliation to a union would bring more disunity—between those who were in favour of unions and those who were not. He felt the profession would have to give up what it believed in—service to the public. He would not make patients suffer, he said. A call was then made for Mr C. Hitchings, president, Guild of Hospital Pharmacists, to relate to conference his experiences of ASTMS.

He said the Guild had negotiated terms with ASTMS which, when put to a postal ballot of Guild members, were accepted by six out of seven. The Guild Council structure autonomy had been retained; any proposed industrial action remained the responsibility of the Council; members could opt out of paying a political party levy. ASTMS had found it attrac-



In the chair—David Sharpe

tive to recruit a large group of professional persons, Mr Hitchings said.

The Guild were employees and were a smaller body with no negotiating team of the same calibre as PSNC, Mr J. P. Duigenan, Tameside, argued. If PSNC neglected contractors' views, the reverse was also true. ASTMS would require funding by contractors. If PSNC was given the same extra funds it could do much more than could ASTMS. Contractors would also have to support sanctions proposed by ASTMS but would they give the same sanctions to PSNC? he asked. With the same power, PSNC would give contractors what was wanted. Mr G. Baxter, City & East London, said sanctions were not a policy of ASTMS; there were many unions who negotiated without sanctions and contractors did not have to associate with a particular union unless they wished.

One group against another

Mr R. Clitherow, Liverpool, thought that ASTMS could have to negotiate for more than one group within the NHS and consequently, without extra money, could gain for one to the disadvantage of another. The money had to be redistributed from somewhere, he argued. He said

Continued on p914



'Put industrial action to contractors vote'

all negotiations without muscle would be unsuccessful unless the NHS global sum was increased. Mr C. B. Reid, West Glamorgan, said contractors had given PSNC all the support required. He was not afraid of a trade union—contractors could contribute as well as gain from affiliation.

Give PSNC one more chance, urged Mr G. Walker, Lincolnshire. There were signs that PSNC was waking up—it had the muscle to break the present impasse. Mr K. G. Round, Wolverhampton, said a questionnaire had suggested that less than half of Wolverhampton contractors would support sanctions. He urged that a new body be formed with representatives from all the pharmaceutical organisations and that sanctions be brought against any contractors who did not support recommended action.

Undated resignations

Mr A. R. Neale, Warwickshire, said his contractors were prepared to offer signed, undated resignations to PSNC to use when appropriate. He urged all LPCs to persuade their contractors to respond similarly. Mr W. A. Beanland, Lancashire, said the negotiators had been sent to get "blood out of a stone" without a thought whether there was any blood in the stone. PSNC had a solicitor, a lawyer, an accountant and practising pharmacists in the team—what other expertise was required from a negotiator? he asked. (A member of the audience shouted "In negotiating".) A union would be less interested in pharmacy, Mr Beanland suggested.

Without an air of militancy and a readiness to man the barricades, talk of unions was nonsense, argued Mr Dengar Evans, Mid-Glamorgan. Unity and an

unchallengeable case were vital. In the past PSNC had negotiated from weakness—they must now be given strength, he said. Independent contractors were employers, not employees, said Mr G. J. Hendra, Cornwall. Contractors could do worse than to look to the Confederation of British Industry for alliance, he suggested. Put to the vote, the resolution was "very heavily lost", according to conference chairman, Mr D. Sharpe.

A resolution from Brömley, that "Conference deprecates the apparent lack of progress in obtaining more money in the global sum and if new money is not forthcoming by March 31, 1979, PSNC should obtain the services of a professional non-pharmacist negotiator", was lost. Attempts by Wiltshire and Somerset to reinforce the resolution by amendments were not accepted by the chairman. Mr J. P. Kerr, Newcastle-upon-Tyne, asked what union brought in outsiders as negotiators—they were always promoted through the ranks, he said.

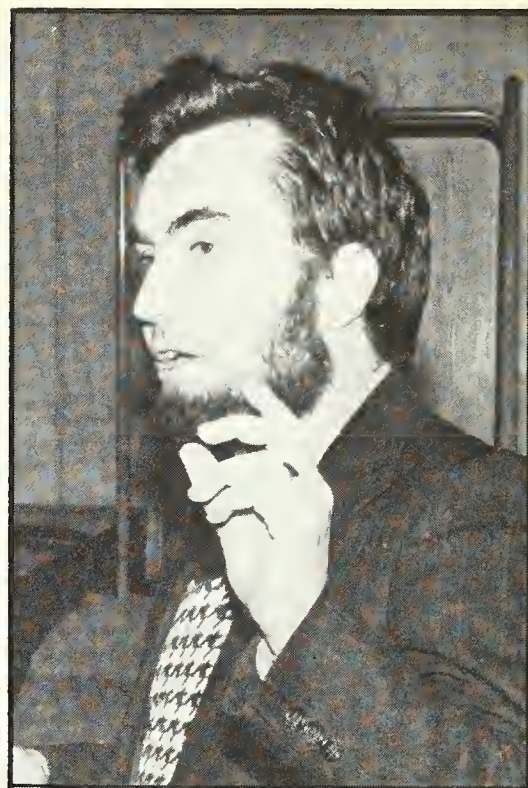
Mr S. Blum, Kensington, Chelsea & Westminster, said he was not a "union lover" but results were needed. Without them, he said, a quarter of persons at conference would not return in 1979.

Sanctions ballot

Mr Sharpe moved from the chair a resolution "To consider whether a ballot of pharmacist contractors should be taken to ascertain their willingness or otherwise to take industrial action". He was then asked to list possible sanctions considered by PSNC, to which he replied: Undated resignations; withdrawal from rota; a one-day cessation of NHS dispensing. Mr G. Hill, Wiltshire, warned contractors not to show their weaknesses by rejecting the sanctions. Mr M. James, Essex, asked if the choices would appear on the ballot paper. He also felt that all contractors and employees should be balloted since they may have to put them into effect.

Contractors would need to know what was at stake before deciding on sanctions, believed Mr M. J. Bassil, Hampshire. He felt few would act to add just a few million pounds to the global sum. Mr D. C. Evans, City & East London, said sanctions were the last resort. He felt the time was not right for a ballot.

Mr J. P. Kerr, Newcastle-upon-Tyne, felt 80 per cent of contractors would say no to sanctions because it would not be realistic to carry them out. Customer pressure would be too great. He felt that PSNC should suggest ideas that were capable of being implemented. For example, LPCs should not issue rota notices; stop after-hours calls. The government should be told that in no other industry does a person get less pay for



Mr M. James, Essex

basic hours by doing overtime—a result of averaging under the balance sheet system. Mr G. Thomas, Gwynedd, pointed out that balloting would be a waste of time if LPC representatives could not agree to sanctions.

Mr J. P. Duigenan, Tameside, supported by Mr T. Williams, Trafford, suggested ceasing the supply of oxygen as an effective sanction. They told of a pharmacist in Trafford who had given up supplying and had passed his 23 patients into the care of the local authority. It had caused the authority many problems, two men being employed to give a two-days-a-week delivery service. If all contractors ceased to give the service "havoc" would result, the speakers suggested.

Other sanctions were suggested. Mr G. Baxter felt each LPC area should allow only 25 per cent of pharmacists to dispense each week. With experience, it could be progressively tightened up. Mr R. Clitherow, Liverpool, suggested closing one urban area at a time and compensating those pharmacists by reducing payments on all prescriptions by one or two pence. Mr G. J. Hendra, Cornwall, warned that the public were friends and should not be alienated.

Mr S. Blum, thought PSNC should show leadership and not leave the choice to contractors. They should have a new contract ready to propose should contractors resign from the present one, he warned. He also called for an undertaking from Mr B. Silverman, Boots pharmacy superintendent and a member of the PSNC negotiating team, that his company would support sanctions. No reply was given, however. The resolution to ballot was carried but many voted against.

Mr Sharpe then asked if the representatives would leave the form of the ballot and its timing to the discretion of PSNC, which was agreed.

Continued on p917

Mr W. A. Beanland, Lancashire





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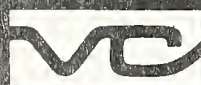
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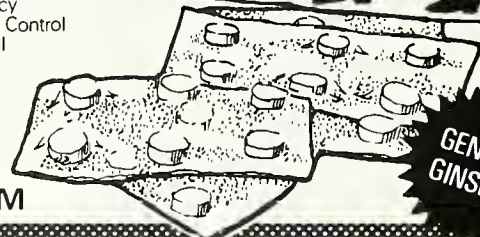
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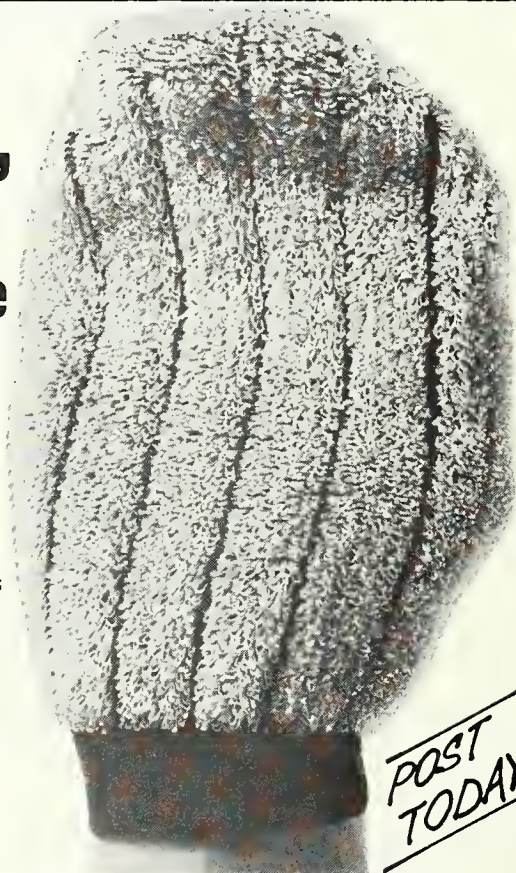
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Two resolutions from Essex contained the elements of sanctions although they were not included in the ballot debate. Mr D. H. R. Moody moved "That an immediate decision be taken to restrict all supplies to 14 days requirements excepting only sterile products and contraceptive 'pills' which should be limited to 28 days". He said prescriptions were mainly for 14 days or less when pharmacists entered the NHS agreement in 1948. Mr M. James, seconding, said it could be justified by savings to the public purse and protection of the patient. Several representatives asked for clarification of the legal right to effect such a sanction.

Mr S. Axon, PSNC secretary, said it would be a breach of contract, but not the law, to restrict quantities prescribed. Mr A. Smith, PSNC chief executive, said that any industrial action could be regarded as a breach of contract (probably of employment) and it was therefore not likely the government would pursue a claim for breach but it could if it wished.

An amendment to change 14 days to 28 and therefore delete all words after "requirements" was accepted. The substantive motion was lost.

Rent space to government

Mr M. James, Essex, felt that if the government questioned how much contractors were paid to the minutest detail then the government should rent counter space etc for its publicity material displayed in pharmacies. He therefore moved: (a) PSNC will be unable to advise pharmacist contractors to participate in future Department publicity campaigns unless payment is made; (b) it will forthwith advise contractors to cease participation in existing campaigns pending settlement of the current dispute." The resolution was carried.

A resolution from City & East London called upon PSNC to "Take immediate steps to negotiate with the Department of Health for a new, simpler, more individual contract designed to give 33½ per cent gross profit on turnover, thereby taking into account increased efficiency and productivity. Also some form of incentive should be provided to encourage pharmacies to open or remain where they are most needed."

Proposing the resolution, Mr G. Baxter said that under the present contract there was no way for every pharmacy to receive a true return of costs. He felt such a scheme would account for the full time of a pharmacist spent on the premises. The Department of Health had spent money on restructuring the hospital pharmaceutical service and a similar aim should be the priority of a new contract. Never again should Mr Ennals (Secretary for Social Services) be able to say



Mr G. Baxter, City & East London, makes a point to the platform

he did not understand pharmacists' views, he said.

Seconding, Mr D. C. Evans, City & East London, said he was after more money to provide adequate payment for the increased work and responsibility and capital invested from new and more potent drugs.

Mr Evans said he was ashamed of what he could afford to pay his staff. He needed more money to pay his staff more. Other organisations were putting in larger claims than his LPC was proposing.

A new individualised contract was called for by Mr S. Blum. He said elephants were renowned for their long gestation period but the Elephant and Castle (site of Department of Health) had an even longer period. He advocated that LPCs regionalise to give a better communication system between PSNC, LPCs and contractors. In the London area 16 LPCs had formed a regional group (C&D, November 4, p760).

Mr J. Davies, Somerset, wanted to do away with all the complications of contract. He said by the present system, he had received less money for more prescriptions dispensed in 1978 than in 1975—a nonsense, he argued. Mr M. James, Essex, also called for individualisation of contract. He felt net profits should be considered after allowable expenses had been reimbursed by the Family Practitioner Committees.

Put weight on the "p" urged Mr W. A. Beanland, Lancashire. If prescription charges and prescribing limits were introduced there would be less turnover from which to take 33½ per cent. He wanted a living wage and therefore proposed an amendment: To delete all words after "contract". The amendment was accepted and the substantive motion carried.

Conference carried a Barnet resolution that any future change in the sliding scale of on-cost should come from resources outside the balance sheet.

Mr C. M. Wragg, Derbyshire, urged PSNC to press for a direct grant to be made to pharmacist contractors towards the cost of installing burglar alarms or similar anti-theft equipment. He said most burglaries were committed for drugs and the Controlled Drugs that needed protecting were usually of little value. However, he had had to spend much money to install anti-theft systems and he understood sub post offices were granted up to £200 from the government for such equipment. Mr M. Brining, PSNC financial executive, said £½m was paid to the balance sheet for such equipment but was averaged in payment per prescription. He asked that the resolution be referred to PSNC for negotiation with the Department, to which representatives agreed.

A call for a pension retrospective to the commencement of the health service and on a par with other service professions came from Leicestershire. Mr J. Hind, proposing, said there was provision for a pension in the monthly payments but it was not separately identified and many contractors would not know of it. Doctors and dentists, he said, got index linked, inflation proofed pension payments for their staff. Mr M. Brining, PSNC financial executive, said PSNC had put a scheme to the Department and was still negotiating. The resolution was carried.

"In any major negotiations by PSNC with the Department there must be the fullest participation with the LPCs before agreement is reached," proposed Mr D. C. Evans, City & East London. He admitted that it would not be easy to consult with all LPCs but draft documents could be circulated, he suggested. He said there had been no consultation on the rational distribution document and but for a regional meeting of 16 London LPCs there would have been no discussion among them. He felt comments could be collated and returned to PSNC on a regional basis. In support, Mr G. Walker urged PSNC not to send out documents for information only. The resolution was carried.

Salaried chairman?

A call for PSNC to consider the advantages of a salaried chairman was carried by 96 to 94. Proposing the resolution, Mr M. J. Bassil, Hampshire, said the chairman's expenses were met but there was no compensation for losses when away from business. A good candidate for chairman might assess such disadvantages and decline to accept the post. Mr Coleman, Hampshire, said the chairman should be the figurehead. Such leaders as Len Murray were major media communicators; they were invited to attend many notable functions and were frequently heard. He felt the PSNC chairman could become similarly invited if he

Concluded on p918

West Glamorgan's right to protest upheld

was salaried and could afford the time. Mr G. J. Hendra, Cornwall, warned that a salaried chairman might be expected to be responsible to contractors and consequently lose the freedom to speak in public without approval.

A motion to deprecate the actions taken by West Glamorgan LPC as not being useful in the present state of negotiations was lost by a large majority. West Glamorgan had withheld their PSNC levy as a protest at PSNC's apparent lack of achievements. Proposing, Mr E. Brennan, Newcastle-upon-Tyne, said the time to show disapproval was in elections. Mr D. C. Evans, City & East London, said he was against the spirit of the resolution. He did not approve of West Glamorgan's action but he defended their right to do it. Mr R. N. Thomas, Gwynedd, was against the resolution because at least West Glamorgan had done something—most LPCs had done nothing.

Three-mile rural limit

A resolution from Essex on dispensing in rural areas was carried after amendment. Mr E. M. Nuttall proposed: "(i) That all full time pharmacies designated rural small essential pharmacies shall have a three mile radius dispensing area and those designated part time (limited hours) shall have a two mile area. (ii) That no new or transferred medical dispensary shall be recognised within one mile of any pharmacy that is established before January 1, 1979."

Seconding, Mr M. James, Essex, said rural pharmacists needed support against

Mr S. Blum, Kensington & Chelsea



"aggressive young medical gentlemen." There was a limited NHS sum to share but such doctors should not gain any more of it. Mr C. M. Wragg, Derbyshire, asked why it was limited to rural essential small pharmacies. He proposed the amendment to delete the words "small essential," which was accepted by Essex.

Cut hours of service

Other resolutions carried included:

☐ That the minimum hours of service as stated in the national agreement be reduced. It was agreed to leave to the discretion of PSNC when to act upon the resolution considering the current pay policy.

☐ That PSNC press the government to insist that price changes of ethical drugs be notified by the first working day of the month and that pharmacists be reimbursed the new price from that date.

☐ That conference views with alarm the price war on ethicals by wholesalers and requests PSNC to discuss with ABPI and other relevant bodies to continue its efforts to enforce resale price maintenance. Mr Smith said talks were already under way.

☐ Conference urges PSNC to press the Department of Health most strongly for a review and increase of the professional fee before the end of 1978 to take account of contractors' increased staff salary commitments. There were many abstentions.

Rational distribution

☐ That PSNC should pursue the concept of rational distribution of pharmacies with all proper speed in the form set out in their proposed submissions and, in particular, should reaffirm paragraph 3.12 (on shopping areas).

☐ (a) That the joint document on rational distribution of pharmacies must be amended to include a clear and emphatic statement pointing out that the rational distribution of pharmacies is not possible in the long term without rational distribution of GP surgeries. The rational location of both pharmacies and surgeries would have to be agreed by a local liaison committee consisting of representatives of the general public as well as doctors and pharmacists. (b) Agreed compensation be paid to pharmacist contractors when their business suffer a decline in prescription trade due to the closure for any reason of the surgery or surgeries upon which the contractor was dependent for the bulk of his prescription remuneration.

☐ That the electoral regions used for the appointment of representatives on the PSNC should be co-terminous with the NHS Regions as soon as possible.



Mr D. Evans, City & E. London

☐ PSNC to amend paragraph 12 of the constitution of the PSNC to provide that the written constitution shall be altered only by resolution of a conference of representatives of Local Pharmaceutical Committees. It was agreed that the intention was by simple majority.

PSNC candidates

☐ A sitting member of PSNC nominated in accordance with paragraphs 3iii, 3iv, 3v and 3vi who wishes to offer himself for election as a regional representative, shall be required to relinquish his nominated seat on PSNC prior to the closing date for receipt of nominations for the election.

☐ To ensure that the pharmaceutical service to the community is maintained at its highest standard, the PSNC should urge the Post Office to guarantee that all pharmacists are included in the Red List of the telephone organisation for their area so that the maintenance staff correct faults without delay.

Resolutions not carried included:

☐ Because the government has requested the public to obtain professional advice from pharmacists before consulting their general medical practitioner, PSNC to carry out a survey to determine the amount of time spent on such activities and subsequently to demand adequate payment for them.

☐ That conference considers prescriptions for ostomy sets and parts should carry a special dispensing fee as in the case of trusses. It was acknowledged that in its present form the motion would simply bring about a redistribution of funds.

☐ The PSNC chairman may not hold senior office in any other pharmaceutical association, organisation or society.

☐ A copy of the PSNC accounts shall be sent to all contractors not later than August 31 of the year in which the financial year ended. It was said the resolution would create difficulties within the PSNC office.



Mr William Warren, FPS, clinical research manager, E. R. Squibb and Sons Ltd, has been presented with a testimonial by the mayor and burgesses of the London Borough of Richmond. The document records their appreciation of his "devoted service rendered to the borough and its inhabitants . . . especially his work over a period of ten years as a member of the local authority in which capacity he held office as a councillor thereof; in particular we desire to express our recognition of his readiness at all times to co-operate in every cause for the benefit of the district and his untiring efforts throughout the years for the betterment of the borough and well-being of its inhabitants thereof and we cordially wish him good health and happiness for many years to come."

Mr Philip Paul took up his post as the Pharmaceutical Society's director of public relations, on Monday. He came from a similar appointment with the Royal Institution of Chartered Surveyors.

News in brief

□ Chemists and appliance suppliers in Scotland in July dispensed 2,617,225 prescriptions at an average gross cost per prescription of £2.45.

□ Applications for courses in medicine in 1979 to the Universities Central Council on Admissions have decreased by 6 per cent; applications for pharmacy have shown little change.

□ The 1978 Glaxo Fellowships for EEC science writers have been awarded to Mr David Fishlock, science editor, *Financial Times*; Mr Barry Paine, television producer, natural history unit, BBC Bristol; and Dr Michael O'Donnell, editor, *World Medicine*.

□ A training film "sex discrimination and equal pay" has been produced by the Distributive Industry Training Board to help middle managers and proprietors of small or medium-sized businesses understand the new laws. The programme is available for purchase or hire (16mm film, purchase £189, hire £37.80; video cassette, £81, £16.20) from the sales department, DITB, Maclaren House, Talbot Road, Stretford, Manchester.

by Xrayser

Chicken?

The trouble with writing a column like this is that when you are busy posing a question like "Why haven't we been canvassed ages ago to see if we would support positive industrial action with some degree of unanimity?", the same issue that carries such comment can actually contain an answer. Last week it happened, for in an interview with Alan Smith we learned something of why perhaps, we haven't been asked—and incidentally found out a little of the calibre of those handling our affairs. It is certainly not in our interests to make unfavourable comparisons, but it is clear that Alan Smith thinks the PSNC should have gone ahead with the canvass. He's dead right. The Committee in its caution reminds me very much of the schoolboy who raises his hand in class to ask if he may leave the room, "please sir?" I therefore look forward to reading the LPC conference report.

I had hoped that our leaders, being big boys now, would have long since passed the stage when they had to ask permission before taking basic decisions. Will we never learn from our experience after all these years of being mucked about? Irrespective of any offers made or hinted at, this is no time to undo the build-up of the last six months. Irrespective of what is said to us, or by us for that matter, we should be swinging now into the first stages of planning the consolidation of the various component groups within retail pharmacy. We have real work to do, collating the results of the first canvass, then in approaching and reconciling those whose views differ from the main. The very fact that we are seen to be organising ourselves properly for the first time will produce an appreciable effect. Our publicity should actually be aimed at telling our MPs what we are having to do, and I can't see how that could alienate their sympathy, since they know well what has forced us to this. Such activity should parallel the work with the panel.

Militanté

If there is one criterion for judging any plan of action, it is to ask "Will it be effective?" By that standard very little of our past negotiation can truly be called successful, for every week there are still two or three contractors going out of business. Turning the other cheek and accepting our lot may be good for the soul, but in our position can only be bad for our profession and our creditors. It is therefore rather silly for us to be seen to be dithering, blowing hot and cold, being, in the new word we may have coined, "*militanté*" . . . pretending to be militant . . .

I think it has generally come to be understood that militancy, in union terms, means being unreasonably forceful in trying to get more than your due. I suspect its meaning varies according to which side you are on, but if that is the meaning I am not militant. But it is clear that we have reached a point where we must stand up for ourselves with considerable determination. I do not think it militant to discuss actions designed to see that a Government which has never had the slightest intention of redressing our complaint, pays us more than attention.

The negotiating abilities of the PSNC and its executive officers should now be stretched to the full *within* our ranks so that if the new panel report is not accepted, not only will we have already worked out the terms of the new contract we need, but the sanctions we will have to take will have also been agreed in detail. In short, we must plan for a unity never before thought possible. It will take all of six months, and possibly a couple of canvasses, so be patient. But if, when the next crisis comes along, you and the PSNC are only going to moon about, wringing your hands, then you must stand by to lose your best men. For I am blown if I would want to continue to hang around serving a pack of no-hopers—who think that being a professional is reward enough.

Statutory Committee says 'make friends with FPC'

A Carlisle pharmacist who claimed to be at loggerheads with his local Family Practitioner Committee was severely reprimanded by the Pharmaceutical Society's Statutory Committee on Monday this week.

Mr Jack Hubert, trading as Hubert the Chemist Ltd of Petteril Bank Road, appeared before the Committee to answer complaints about his conduct. It was alleged that he failed to dispense an item on a prescription, and that he made a false claim of £0.48 to the Pricing Bureau for that item.

The Cumbria Family Practitioner Committee had directed that £750 and £500 respectively should be withheld from his remuneration for this conduct, but the Secretary for Social Services, Mr David Ennals, later reduced these amounts to £500 and £100.

At a previous hearing in May the Committee had been told that the same FPC had directed that £1,000 should be withheld from his remuneration following a complaint that Mr Hubert had given short measure in prescriptions.

Mr Hubert told the Committee that he had an unhappy relationship with his local FPC: "I believe politics come into it. I have no trouble with the professional side of the committee, but with the lay members who are drawn from political parties. They are diametrically opposed to me. I am well known in Carlisle as a pretty active Conservative and Carlisle is a very Labour city."

The Statutory Committee chairman, Sir Gordon Willmer, told him: "You would be well advised to try, even at this late hour, to make friends with the local FPC. It is not a very happy situation when a pharmacist in an area gets at loggerheads with a body like that."

Earlier Mr William Mills, administrator, Cumbria FPC, had told the Committee that he had dealt with a number of complaints over the years against Hubert the Chemist. Mr Mills said, while in his previous appointment as clerk to the Carlisle Executive Council, he dealt with two of these complaints which ended with a formal hearing and a finding that Mr Hubert was in breach of his terms of service. Since he had become administrator to Cumbria FPC four more such complaints had ended with a formal hearing, and the Secretary of State had now given his decision on all these cases.

Newspaper article

A Bedford pharmacist was told that she had committed a "grave error" over a newspaper announcement about the opening of her new shop.

The Committee reprimanded Mrs Jillian Pauline Fairley for the advertisement and an article which appeared in *Bedford on Sunday* on February 12.

Mrs Fairley, of Spring Road, Kempston, opened the pharmacy in the new Churchlane shopping centre in the town.

Sir Gordon Willmer said that the advertisement and write-up were in direct contravention of the standards laid down in the Society's statement on matters of professional conduct and on advertising by pharmacists. It was Mrs Fairley's case that she was virtually "steamrollered" in consenting to the write-up and the advertisement which she did not design herself, he said. She now recognised that she ought to have insisted in seeing a proof of what was proposed and ought to have made it a condition that unless she saw this, she would not allow anything to get into the paper. But she did not take this line. She was new to running her own pharmacy, and was no doubt busy at the time she was seen by a representative of the newspaper.

"In these circumstances, we have come to the conclusion that it is possible to be lenient towards her," Sir Gordon said. "Although the notice of the inquiry warns her that she might be in danger of being struck off the Register, we do not think the case demands any such drastic treatment. But it was a grave error on her part, which I think she now fully realises, and we cannot do other than administer a reprimand."

Earlier Mrs Fairley had told the Committee that she had thought she would have time to see proofs but the insertion date was brought forward and the whole thing rushed through. She was horrified when she saw what appeared. Mrs Fairley said that the newspaper had asked her if she would like to be included in a "block advertisement" for the new shopping centre. She had in mind that it was her only opportunity to make "an opening announcement" and agreed.

Delivery service advertisement

Mr Richard Deadman, a Halifax pharmacist and mayor of Calderdale, was accused of professional misconduct for advertising a delivery service in a local evening newspaper. The Committee was told by solicitor Mr Josselyn Hill that announcements of the service in three successive editions of the *Halifax Courier* in April were "blatant advertisements."

The Society's Council alleged that Mr Deadman, of Salterlee House, Shibden, might be guilty of such misconduct as to render him unfit to be on the Register. Mr Hill said Mr Deadman had written to say that he was unable to attend the meeting because he had laryngitis and had been summoned by the lord lieutenant of the county to attend a public function as the mayor of Calderdale.

The chairman of the Committee, Sir Gordon Willmer, commented: "We propose to adjourn this case until the next

meeting of the committee at the end of January. But Mr Deadman should seriously envisage the possibility that we may exact a very severe penalty. He stands in peril of being struck off unless we are satisfied by him that we should not take this extreme step."

Mr Hill said the whole tenor of the advertisements implied a professional service and conflicted with the Council's statement on matters of professional conduct. Such advertisements should be done by local pharmacists together and should be restricted to discreet announcements of the opening of new services containing the name and address of the owner and the opening date.

"You will hear that the telephone number and address given in these advertisements were those of a pharmacy in which Mr Deadman had a financial interest although it is registered as owned by a Mr Peter Clayton, who came before this committee not so long ago," said Mr Hill.

Mr Peter Greenwood, an inspector of the Society, said he discussed the advertisements with Mr Deadman in May. The latter expressed surprise at the objection and explained that he had been advised they would be acceptable as long as he refrained from using the word "chemist," or similar word, and avoided any reference to dispensing.

Ten year service

Mr Deadman told the inspector that the closure of pharmacies in the Halifax area in past years had caused hardship to many communities on the outskirts of the town. He said that some ten years ago he launched a prescription collection service from the post office at Boothtown following the closure of the local pharmacy. He had since set up more collection points and was now providing a service for some 2,000 people each month.

He also told Mr Greenwood that the final delivery of the dispensed medicine was direct to the patients' home. The transport of both prescription and dispensed medicine was carried out by a retired man but there were occasions when Mr Deadman or his wife provided the service. He claimed that none of his collection points endangered the livelihood of any other pharmacist.

The service at present operated from both the Richard Deadman Ltd pharmacy at Bull Green, Halifax, and the pharmacy recently opened by Peter Clayton at Gibbet Street, Halifax. Mr Greenwood said that the pharmacy at Gibbet Street had no name on the shop fascia.

Mr Gordon Applebe, head of the Society's law department, said the matter had been brought to the Committee following complaints from members of the Society, including ten retail pharmacists.

Sir Gordon said it would be wrong to reach a judgment in this case without hearing anything that Mr Deadman had to say: "All I desire to say at the present stage is that *prima facie* these advertisements are flagrant examples of advertising the very services which pharmacists are not allowed to advertise."

Family Favourites on TV this winter...

GALLOWAY'S Galloway's the brand leader in the South, has been the family's favourite cough remedy for generations. That's the message we'll be putting out on London, Southern and Anglia TV areas in November, December & January. That's the message that pushed volume sales up by 17%* over the last two years.

With the bigger spend this year it's going to be even more effective.

Stock up on Standard and Honey & Lemon and don't miss out on Galloway's Medicated Sweets where sales volume has increased by a massive 82% year over year.

BUTTERCUP Volume sales up by 19%* over the last two years for the brand leader in the North. Increased spending behind our TV advertising and a repeat of our successful family commercial this winter is going to keep Buttercup the family favourite in Yorkshire, Midlands, Tyne Tees, Lancashire, Wales & Westward and Scotland.

Order your supply of the Syrup and Buttercup Medicated Sweets, which have more than doubled in sales on last year.

LIQUFRUTA A brand that has earned a firm place in the market. National TV advertising will again be running this winter. Make sure you're ready to meet the increased demand for this unique herbal brand.

Order these three proven family remedies now to obtain your generous bonuses, and remember – Galloway's, Buttercup and Liqufruta are all general sales items so make sure you give them good display.

*Independent Market Research



LRC Products Ltd, Sanitas House,
Stockwell Green, London SW9 9JJ.
Order Office: 01-274 2076





Philips new Your customers passp



Now you can offer your customers cheaper holidays when they buy a Philips 800W Pistol or 1200W Pistol Hairdrier.

This is an amazing on-pack offer called a Philips Travel Ticket. What it means, is that they get £25 off a foreign holiday, or £20 off a holiday in the UK.

Which is a pretty tempting offer considering the driers only cost around £10.

PHILIPS

hairdriers. t to cheaper holidays.



And the range of holidays is
no less tempting, because they come from Britain's top travel companies.

If your customers have already booked up, no problem. The
Philips Travel Ticket is valid until December 31st, 1979.

The amount you'll be selling could well pay for your next
holiday. So make sure your passport is up to date too.

Simply years ahead



COUNTERPOINTS

A further campaign for Hot Measure

Reckitt & Colman are planning a further four week campaign for Hot Measure in the Yorkshire Television area, starting early in the New Year.

Hot Measure (180 ml, £0.95), a hot lemon bedtime cold remedy, is currently on test market in Yorkshire and Scotland. Each 30 ml dose contains paracetamol 600 mg, dextromethorphan hydrobromide 15 mg, chlorpheniramine maleate 4 mg, phenylpropanolamine hydrochloride 25 mg, alcohol 5.7 ml. *Reckitt & Colman Products Ltd pharmaceutical division, Dansom Lane, Hull HU8 7DS.*

Holly Hobbie add to the range

Aronde Laboratories are to make further additions to the Holly Hobbie range in 1979. Items will include talc (£0.75), tonic cleanser (£0.89) and cologne spray (£1.25). The company has sole rights for Holly Hobbie toiletries and bags for the UK and southern Ireland and orders can only be accepted on the basis of sales being solely within these areas. Stock of the new items will be available from January 1979 and details can be obtained from local representatives or direct. *Aronde Laboratories Ltd, Sherbourne Avenue, Binstead, Ryde, Isle of Wight.*

Cossack rally in London

The Cossack Mini rally, sponsored by the toiletries division of Reckitt and Colman, is taking place at Battersea Park, London, on December 10. The rally will be supervised and assessed by the RAC, and competing for the top prizes will be the drivers of the Cossack poster Minis which have been seen around London recently. *Reckitt Products, Reckitt House, Stoneferry Road, Hull.*

Teevex to be discontinued

Teevex ointment is to be discontinued from January 1, 1979. *Geigy Pharmaceuticals, Hurdsfield Industrial Estate, Macclesfield, Cheshire SK10 2LY.*

Ingredient change for Movol

The active ingredient of Movol iron-mould remover has been altered from hydrofluoric acid to oxalic acid. Hydrofluoric acid is dangerous if allowed to remain on the skin and Movol Products Ltd say that although they have received

scarcely any complaints in 40 years, the Government's consumer safety unit has urged the company to change to oxalic acid. The pack and price remain the same but two or three applications of the new product may be needed with stubborn stains. It has changed from part II of the Poisons List to PIS3. *Movol Products Ltd, 66 Harrow Lane, Maidenhead.*

Spillers cut their prices

Both Spillers cat litter and Caperns budgie seed are being offered at reduced prices for four weeks commencing December 4.

Cartons of Spillers cat litter will be flashed "at least 3p off recommended prices" whilst bags will carry a similar "6p off" flash. An accompanying bonus is also available for the trade.

Caperns budgie seed is flashed with a "special low price" marker. *Spillers Ltd, Old Change House, Cannon Street, London EC4M 6XB.*

Nail scissors from Wilkinson sword

Wilkinson Sword are introducing a pair of nail scissors (£3.40) to their current range.

The new nail scissors are four inches long, they have fine stainless steel cutting edges which are precision ground and said to last for years. The scissors weigh 15.5g and the brightly coloured handles are moulded to make them comfortable, says the company, even in prolonged use. *Wilkinson Sword Ltd, Sword House, High Wycombe, Bucks HP13 6EJ.*



Further supplies of this window sticker, issued as a free insert in last week's *C&D*, are available from Beecham representatives or from Mr D. Bowman, Beecham Proprietaries, Great West Road, Brentford, Middlesex TW8 9BD

Euthymol transfers to Halls Hudnut

From December 1 the responsibility for selling and distributing Euthymol Original toothpaste will move from Parke Davis & Co, Pontypool, to the consumer product group, Halls Hudnut, Chestnut Avenue, Eastleigh, Hants. This move forms the final phase in grouping all major Warner Lambert consumer products together in a cohesive marketing network based at Eastleigh. All future orders for Euthymol should be placed either with Halls Hudnut's representatives or through chemist wholesalers. *Halls Hudnut, Eastleigh, Hants.*

New approach for Badedas

Beecham Proprietaries have briefed Format Advertising & Sales Promotion Ltd to prepare a campaign of "below the line" promotions for the Badedas range of products. The campaign will include sales force and trade briefing and communication and is said to be spearheaded by a new merchandising approach. *Beecham Proprietaries, Beecham House, Great West Road, Brentford, Middlesex.*

Biba makes a beautiful return

Biba are spending about £45,000 to promote the opening of their new shop this week. The advertising is being spread between the southern editions of the *Daily Mirror* and *Daily Mail*, *Sunday Times*, *Evening News* and *Miss London*, as well as spots on Capital Radio. In addition Biba advertisements are appearing on the back of London Transport buses using two themes: "back is beautiful" and "Biba is back".

It is felt that all this activity will re-stimulate consumer interest in Biba cosmetics in general. *Biba Ltd, 22 Conduit Street, London W1.*

Dump bin for cotton wool

A new dump bin for the range of Macdonald cotton wool products is now available through the Wellcome consumer chemist representatives. The display bins have a header board with the message: "Take home some warm snow," to promote use of the product in the pre-Christmas season. Sales of cotton wool traditionally show a strong surge prior to Christmas as consumers make impulse purchases of cotton wool for use in decorations. *Wellcome Foundation Ltd, 183 Euston Road, London NW1 2BP.*

Retractable nozzle on Krups hairdryer

A new budget-priced pistol grip hair-dryer from Krups, the Thermic 550 (£8.60), features a retractable nozzle for styling or general drying. It weighs 390g (14oz) and has a two-step thumb slider control, giving 320w and 550w heat outputs.

It joins the two-position Allround roundstyler/pistol grip hairdryer, the 1.2kw Thermic jet hand hairdryer, the Comet rigid hood hairdryer, the F3 steam hairstyling tongs and the TR3 electric shaver. *Krups (UK) Ltd, West Thurrock, Grays, Essex.*



Imperial Leather's modern pentathlon

Cussons are sponsoring a modern pentathlon, "Imperial Leather champion of champions", at the National Sports Centre, Crystal Palace on December 3.

Twelve Olympic standard athletes are to attempt five events—shooting, fencing, showjumping, swimming and running, with only a 30 minute break between each. *Cussons Sons & Co Ltd, Kersal Vale, Manchester M7 0GL.*

News from Fuji

Fuji have ceased manufacturing Fuji-chrome R100 reversal film in favour of 100RD. The new film is compatible with CR56 or E6 process; the R100 with E4. Initially available in 135, 20 (£2.55) and 135, 36 (£3.77) the 100RD is a daylight film ASA100 (21DIN).

Improvements are said to be: better sharpness; greater compatibility with different light sources; richer gradation and wider exposure latitude; improved graininess and dye stability; better colour reproduction and saturation.

Fujimex have selected a new representative for Yorkshire, Lancashire, Merseyside and Greater Manchester. He will take up his appointment on January 1, 1979. Meanwhile they ask dealers to

continue sending orders direct to Swindon, communicating direct with the sales office. *Fujimex, Hanimex House, Dorcan, Swindon SN3 5HW.*

Minimum orders

In the William R. Warner prescription products section of the Warner P-D advice of call/price list all product packs should be listed as having a minimum order quantity of one unit, except for Agarol emulsion 500 ml (minimum order 6), Anugesic HC cream 15g (12), Anugesic HC suppositories 12s (12), Anusol HC ointment 15g (12), Anusol HC suppositories 12s (12), Rinurel linctus 200 ml (6). *Warner-Lambert (UK) Ltd, Usk Road, Pontypool, Gwent NP4 8YH.*

Miners promotion

A Miners promotion, "New eyes, lips, cheeks and nails," includes two new shades of Miners Mates—soft topaz, soft rusts (£0.54); four new pearly shades of matching lipstick (£0.49) and nail polish (£0.47)—peachberry, strawberry, loganberry and raspberry; and new Super-blusher powder blushers in clove, nutmeg, ginger (£0.67).

Each of the six shades of Wet Look Lips will be £0.24 instead of the normal £0.48. All available for sale from February 1979. *Smith & Nephew Cosmetics Ltd, Hook Rise, Kingston By-Pass, Surbiton, Surrey.*

New Year specials

Parfums Molinard are offering as "New Year specials" Rafale and Habanita eau de toilette sprays at £2.95 (normally £5.50).

Talcum powder will be on offer at £1.20 (usually £2). *Distributors: Diver-salon Ltd, 14 Mill Street, Bradford.*

L'Oreal beauty stakes

This year's L'Oreal hurdle handicap, to be held at Newbury on December 30, is the company's second venture into the world of racing. The general trade and public interest in last year's race has encouraged L'Oreal not only to repeat the race but to increase the prize money to £5,000 added to stakes. *L'Oreal (Golden Ltd), 18 Bruton Street, London.*

Yoghurt thermometer

Brannan Thermometers have introduced a yoghurt thermometer (£1.46). The product has a clear plastic case with non-roll end caps and Duramark zone/figuring on the tube. *Brannan Thermometers, Cleator Moor, Cumbria.*

Blasé offers

Blasé perfume from Max Factor is being offered in a cologne concentrate spray (56g) at a reduced price from January. Normally £3.40, it will then be £1.95.

The company is also offering winter sale prices on certain skin care items from January, while stocks last. They are satin flow cleanser (£0.85, normally £1.05), astringent (£0.79, normally £0.99), skin freshener (£0.79, normally £0.99) and dry skin cream (£0.75, normally £0.95). *Max Factor Ltd, 16 Old Bond Street, London W1A 3AH.*

Christmas closings

Montedison Pharmaceuticals Ltd: offices, warehouse and despatch department closed after office hours on December 22 until opening hours on Tuesday, January 2, 1979.

Roche Products Ltd: the factory and offices will be closed from 1 pm Friday, December 22 until 9 am on Wednesday, December 27 and will close again on Monday, January 1, re-opening at 9 am Tuesday, January 2.

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Alka Seltzer: All except A

Anadin: All except U, E

Askit powders: Sc

Aviance: All except U, E

Badedas: Ln, NE

Beechams hot lemon: All except E

Blue Stratos: All areas

Braun: All except E, CI

Buttercup: M, Y, Ne, WW, Sc

Cachet: All except U, E

Clearasil lotion: Ln, Y Sc, NE, U, B, G

Close & Easy: Ln, M, Lc, Y, NE

Faberge 20:21: Ln

Fenjal: Ln, So, WW

Galloways: Ln, A, So

Head & Shoulders: All except G, E

Hot Measure: Y

Ladyshave: All areas

Liquifruta: All areas

Old Spice: All areas

Oil of Ulay: All except E, CI

Macleans: All areas

Mac lozenges: M, WW, So, A, We

Mandate: Ln

Mentho Lyptus: All except U, E

Night Nurse: All except E

Philishave: All areas

Pure & Simple: All areas

Sparklets: All except U, B, Sc, G

Sucrets: Sc

Zest: M, Lc, B, Sc

PRESCRIPTION SPECIALITIES

First treatment Hypovase pack

A two-week initial treatment pack of Hypovase will be available from December 4. Pfizer Ltd say this pack should simplify initiation of treatment and titration to the maintenance dosage. The pack (£2.40 trade) consists of 22 x 0.5mg white Hypovase tablets (coded "Pfizer") and 21 x 1mg orange, scored tablets (coded "HYP/1"). Dosage in the first week should be with the 0.5mg tablets, followed in the second week with the 1mg tablets. The pack is Prescription Only and it is a single NHS charge item. *Pfizer Ltd, Sandwich, Kent.*

Myambutol tablet colour variation

Myambutol 400mg tablets will be changed to a lighter shade of grey from batch numbers 571 onwards. *Lederle Laboratories, division of Cyanamid of Great Britain Ltd, Fareham Road, Gosport, Hants.*

Hospital Benylin

Parke-Davis have introduced a hospital pack of Benylin expectorant 125ml, available only on direct business, not through wholesalers. Hospital quantity rate discount terms are offered. The label is endorsed "hospital pack" and the bottles are uncartoned in dozens.

From December 1, the sales, promotion and distribution of V-drape surgical drapes and Oxycel will be the

responsibility of Associated Hospital Supply, Bishampton, Pershore, Worcs. Orders received by Parke-Davis by November 24 will be handled at Pontypool, others at AHS, *Warner Lambert (UK) Ltd, Usk Road, Pontypool, Gwent*

Merthiolate for hospitals only

Distribution of Merthiolate in 1 litre bottles is now restricted to hospital use only. The bottle is not fluted and the Medicines (Fluted Bottles) Regulations 1978 require that liquids for external use in packs of less than 1.14 litres must be supplied in a fluted bottle. *Eli Lilly & Co Ltd, Basingstoke, Hants.*

Pancrex capsules

Pancrex V will be in ivory opaque gelatin capsules instead of transparent hard gelatin capsules as soon as present warehouse stocks are exhausted. *Paines & Byrne Ltd, Pabyrn Laboratories, Bilton Road, Greenford, Middlesex.*

Melleril overprint

Sandoz Products Ltd are to overprint Melleril tablets with the name and strength instead of the company name. This change will be made as batches of the strengths 100mg, 50mg and 25mg are manufactured. For the time being

the 10mg tablets are unchanged. *Sandoz Products Ltd, PO Box Horsforth No 4, Calverley Lane, Horsforth, Leeds.*

Cox cut price

The price of nitrazepam tablets 5mg, manufactured by Arthur H. Cox Ltd, has been reduced from £6 to £5.50. *Arthur H. Cox & Co Ltd, 93 Lewes Road, Brighton, East Sussex BN2 3QJ.*

NORIMIN tablets

Manufacturer Syntex Pharmaceuticals Ltd, St Ives House, St Ives Road, Maidenhead, Berks

Description Yellow tablets containing norethisterone 1mg and ethinyloestradiol 35mcg

Indications Oral contraceptive

Contraindications, etc As with other oestrogen/progestogen oral contraceptives

Dosage One tablet daily for 21 days starting on day 5 of menstrual cycle

Packs 21 tablets (£0.45 trade)

Supply restrictions Prescriptions Only
Issued November 1978

TRASIDREX tablets

Manufacturer Ciba Laboratories, Horsham, West Sussex RH12 4AB

Description Red sugar-coated tablets containing oxprenolol hydrochloride 160mg in a sustained-release core and cyclopenthiiazide 0.25mg in the coat

Indications In mild and moderate hypertension

Contraindications In patients with second or third degree atrio-ventricular block, marked bradycardia, uncontrolled heart failure and cardiogenic shock. Also contraindicated in patients with marked renal insufficiency and those taking lithium

Dosage One tablet daily, usually in the morning. Dose can be increased to two or more tablets once daily until satisfactory blood pressure control is achieved

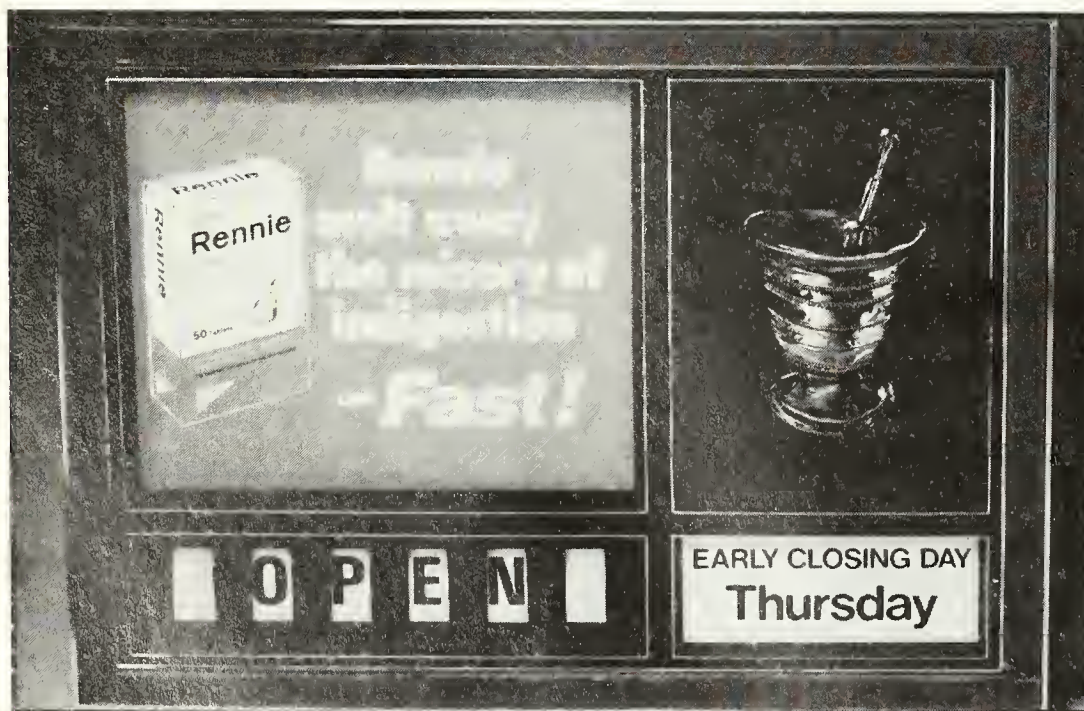
Precautions To be given with care during late stages of pregnancy and during labour. Cardiac failure should be controlled by digitalis before and during Trasidrex therapy. Care in asthmatics and bronchitics. See literature

Side effects Mild gastrointestinal upsets and dizziness may occur, as may drowsiness and insomnia. See literature

Storage Protect from heat, light and moisture

Packs 28 tablets—two calendar foils of 14 tablets (£6.24 trade)

Supply restrictions Prescription Only
Issued November 1978



The open or closed sign from Nicholas Laboratories includes an early closing day panel and a gold on black relief motif showing a pestle and mortar. There is also a slot for interchangeable show cards featuring Nicholas products. The self-adhesive sign and cards may be read from inside and outside, and are available from Nicholas sales force.



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Radox Bath Salts	20% Off	UniChem Malt Extract & Cod Liver Oil	17% Off

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**UniChem
Rubber Gloves
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To J.A.L. Speller, General Sales Manager, UniChem, Crown House, Morden, Surrey, CR3 2BH

I am an Independent Retail Pharmacist and would welcome more information about UniChem.

Name _____

Address _____

_____ Date _____

CD 12/78

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durex
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3 SHAPED PROTECTIVES
With CONTRACEPTIVE LUBRICANT

And your sales are extra safe too.

The makers of *Durex* sheaths have added a new product to their range.

It's called *Durex Nu-Form Extra Safe*.

It has a spermicidal lubricant, so it's the most reliable sheath available.

Because there's a new generation of women who are considering coming off the pill, *Nu-Form Extra Safe* will be of great interest to them.

Their husbands will find it interesting too.

For the simple reason, *Nu-Form Extra Safe* has now been made more sensitive by combining a lighter sheath with *Nu-Form's* less constricting shape.

That's why we've taken whole pages in major women's magazines.

And large advertisements in national press.

So if you want to keep your customers satisfied you'd better start stocking up with *Nu-Form Extra Safe* now.

Durex Nu-Form Extra Safe is a trade mark.

contraceptives

The 'pill' in perspective

by H. Vosper, BPharm, MPS, professional services manager, Wyeth Laboratories

Ever since it became available, the "pill" has been the subject of controversy and much Press publicity. According to the most recently published reports, half-a-million women have stopped taking the "pill" during the past year, the total estimated number taking the "pill" declining from 3.6 million in October 1977 to 3.1 million at the present time. The Family Planning Association is concerned that perhaps as many as 100,000 of these women have stopped taking the "pill" unnecessarily and may be at risk of unplanned pregnancy.

Indeed, figures do suggest that there has been an increase in the number of abortions and in requests for male and female sterilisation. In the face of this mass of publicity and often unsupported, fragmentary evidence, it is scarcely surprising that women may be confused about the "pill" and its risks and benefits. This article will seek to put the "pill" into perspective for the pharmacist so that he is better equipped to provide informed advice.

Background

In October 1977 *The Lancet* published two reports^{1,2}—one based on the Royal College of General Practitioners oral contraceptive study and the other from the Oxford/Family Planning Association contraceptive study—which showed an increased mortality from diseases of the circulatory system in oral contraceptive users. The adverse effects were related to duration of use, the age of the woman and her smoking habits.

Commentary on these results in an editorial³ in the same issue of *The Lancet* made it clear that the numbers of deaths were small in comparison with the numbers of women in the studies and that the estimates of excess mortality rates were subject to wide margins of error. Furthermore, Sir Eric Scowen, on behalf of the Committee on Safety of Medicines, emphasised in a letter to all doctors in the UK that major changes had occurred in the composition of OC products during the course of the studies, due to a progressive reduction in their oestrogen content. (In fact, 56 per cent of women in the UK now take "pills" contain-

ing less than 50mcg oestrogen.) "It is, therefore, impossible at present", said Sir Eric, "to make any reasonable assessment of the findings discussed in the two reports in relation to the oral contraceptives now currently in use."

However, in order to assist doctors in assessing the risk for their patients, the presidents of the Royal College of Obstetricians and Gynaecologists and the Royal College of General Practitioners issued these recommendations⁴: *Women under 30 years of age*—doctors were advised that there was no evidence to justify stopping the "pill" but there were advantages to such women in stopping smoking.

Women aged 30-35 years—doctors were told that women who smoked and had taken the "pill" continuously for five years or more should reconsider its use. If, however, they stopped smoking, it would be reasonable to continue with the "pill".

Women over 35 years—such women, doctors were told, would be wise to reconsider their contraceptive method.

The recent FPA statement showing half-a-million women coming off the "pill" may well, therefore, simply represent the implementation of these

guidelines by doctors and the women themselves. On the other hand, it would be hardly surprising if, in view of the "scare" treatment the information was given in some sections of the Press, some women gave up the "pill" unnecessarily and perhaps became pregnant as a result.

Risks v benefits

Much research continues to be done into the subject of fertility control and in recent years there have been reports concerning "postage stamp pills," contraceptive snuff and aerosols and the perennial reports on the male "pill." However the fact remains that the choice of a realistic and reversible contraceptive method today still rests between the combined "pill", the IUD or a mechanical method such as the sheath or diaphragm. In a recent review in the *British Medical Journal*, Vessey⁵ compared the risks and benefits of the three methods. His analysis (see table) shows clearly that there is a far greater risk of pregnancy with the use of the diaphragm, that there are a greater number of hospital admissions with the IUD, whilst in the 20-34 year age group the

Continued on p932

Mortality/morbidity risks per 100,000 users per year* of three methods of contraception⁵

"Pill" (oestrogen-progestogen combined)	IUD	Diaphragm
Hospital admissions:	Hospital admissions:	Hospital admissions:
venous thrombosis and embolism	115 pelvic inflammatory disease	250 No excess non-obstetric morbidity
stroke	70	200
acute myocardial infarction	35 uterine perforation	50
	10	
Accidental Pregnancies:	Accidental Pregnancies:	Accidental Pregnancies:
term birth	360 term birth	2000 term birth
spontaneous abortion	220 spontaneous abortion	500 spontaneous abortion
ectopic gestation	45 ectopic gestation	775 ectopic gestation
terminations	1 terminations	120 terminations
Mortality	Mortality	Mortality
20-34 years	20-34 years	20-34 years
35-44 years	20 35-44 years	2 35-44 years

*Obstetric morbidity takes into account the efficacy of the contraceptive method and the outcome of the unplanned pregnancy. Mortality includes deaths attributable to the method and those attributable to accidental pregnancy.

The 'pill' in perspective

Continued from p931

overall mortality risks attributable to the method and accidental pregnancy taken together are identical for all methods. Only in older women does the mortality risk on the "pill" increase by comparison with other methods.

There are a number of limitations which must be borne in mind when interpreting this table, especially in relation to "pill" risks. In particular, morbidity and mortality estimates are based on the small numbers of events occurring in the two large studies mentioned earlier. They are subject to sampling error and, in any case, relate mainly to "pills" containing 50mcg oestrogen. Further, the data in these studies does not differentiate between the different types of progestogen used. Since the majority of women now take low-oestrogen "pills" containing the progestogen norgestrel which has been shown to be anti-oestrogenic—actively opposing the effects of oestrogen in the body—it might be anticipated that these "pills" would be associated with a lower risk than that shown in the table.

Fertility conference

Recently a conference entitled "A reappraisal of fertility control—benefits v risks", was held in Montreal and attended by some 250 physicians from around the world. Twenty-seven renowned experts dealt with the latest data and techniques in the field of fertility control and family planning. The symposium was conducted under the auspices of the Canadian Fertility Society in association with the National Association of Family Planning Doctors from Great Britain and the French National Committee for Birth Control.

The consensus of opinion was that the risk of child-bearing alone is far greater than those risks created by taking the "pill" or other methods of contraception. Many of the specialists expressed grave concern about the growing epidemic of unwanted pregnancies, particularly among teenagers, resulting from the alarmist reports on the "pill" and the IUD.

Dr Malcolm Potts, director of the International Planned Parenthood Federation, called the right of the individual to regulate fertility a "fifth freedom" and a basic human right. He noted that too often, the decisions regarding access to fertility control are made by administrators and politicians, and these decisions are too often incongruous with the needs of the individual.

Part of the problem, according to Dr Potts, is that much of the decision-



LRC Products believe their advertising for Nuform extra safe hit on the right message at the right time (see p935)

making about contraception is based on data that are "invaluable but incomplete". Dr Joseph Goldzieher, director of the Southwest Foundation for Research and Education, Texas, USA, reiterated Dr Potts' concern, noting that in sifting through the so-called "controversial" studies on contraceptives, the data are never complete—"never black and white". Where, he asked, is the accountability for the thousands of unintended pregnancies resulting from incautious statements of professionals and their sensationalised amplification by the media?

Dr Irving Sivin of the Centre for Biomedical Research Population Council, New York, noted the inherent difficulties involved in attempts to measure a subject as emotional as contraception in statistical terms. Raw data, he said, usually cannot reflect the variety of important personal factors that must be considered in making any decision about contraception.

Dr Christopher Tietze, associate director of the Population Council, New York, noted, "Most of the publicity in recent years has singled out the risks of life and health . . . while totally ignoring the risks associated with the most common alternative to effective fertility regulation, ie unwanted child-bearing". He concluded from his own recent study that, though risk increases for women on the "pill" who smoke, the "total risk to life associated with each of the major reversible methods of fertility control, used alone, is about equal and quite low, significantly lower than the birth-related risk to life without fertility regulation".

The experts agreed that the "pill" is still the single most effective means of birth control in use throughout the world today, followed closely by IUDs.

Dr Barbara Law, chairman of the National Association of Family Planning Doctors, singled out the new low-dosage formulations as the oral contraceptives of choice, having both psychological and physiological advantages over higher-dosage products. With the low-dosage formulations, physicians and patients alike are reassured of total protection from pregnancy with the lowest possible prospect of side effects.

While barrier methods are still popular, they carry with them a high risk of unwanted pregnancy as a result of improper use. Abortion was not viewed as a viable method of birth control.

In all the foregoing, discussion has centred around the combined "pill" but it must be borne in mind that progestogen-only "pills" are also available, which, because they contain no oestrogen, offer even greater safety. In the well-motivated older woman, who has been accustomed to regular pill-taking as a method of fertility control, modern progestogen-only "pills" provide protection comparable with the IUD and diaphragm with much less bother.

Conclusions

A great deal of information is now available to enable the woman seeking fertility control to make an informed choice. In making this choice, she will undoubtedly need guidance from her family or clinic doctor. Other health care professionals, such as the pharmacist or nurse, may well be asked for their advice. In the ultimate, however, it must be remembered that the choice of contraceptive method must be a very personal decision on the part of the person or couple concerned, because it depends as much on their lifestyle and aspirations as on the risks and benefits of the methods available.

References

1. RCGP study, (1977) *Lancet* 2:727
2. Vessey, M. P. et al, (1977) *Lancet* 2:731
3. *Lancet* (1977) 2:747
4. Kuenssberg, E. V. and Dewhurst, J., (1977) *Lancet* 2:757
5. Vessey, M. P., (1978) *Brit. Med. J.* 2:721

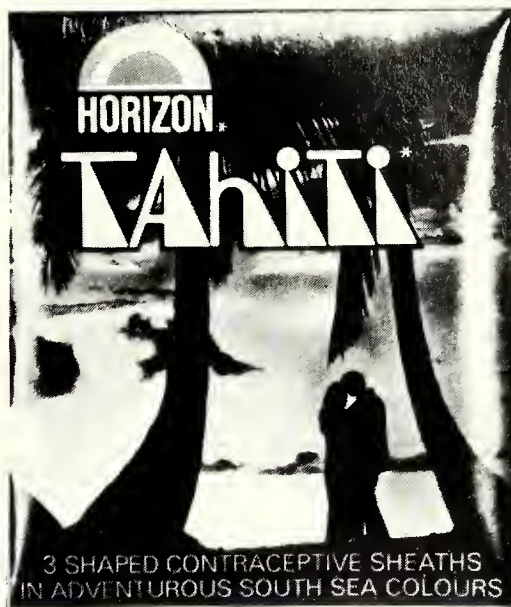
Some efficacies

UK use-effectiveness figures for the condom range between 0.4 to 1.6 per 100 woman years (average 0.8) for consistent users and 0.8 to 4.8 (average 3.3) when "user" failures—eg, failures to use the condom consistently—are included. A Nu-form Extra Safe trial gave a figure of 0.6. The diaphragm has a use-effectiveness pregnancy rate of 2.4 per 100 woman years; a study of use of the diaphragm and jelly gave a pregnancy rate of 1.9 to 2.2. For the IUD different studies give figures ranging from 1.7 (Saf-T-Coil) to 4.3, or as low as 0 for Ortho Gyne-T in women over 30.

"Contraceptive Sheaths." Isn't there another name?



Conture With Horizon's unique anatomically-correct shaping and exclusive 'natural' SK70 lubricant. Today, one of the biggest selling contraceptive products worldwide.



Tahiti The coloured sheath (in five exciting colours) that already leads its sector of the UK market. Featuring of course, Horizon's anatomically-correct shaping and exclusive lubricant.



Stimula Adds subtle, gentle ribbing to Horizon's anatomically-correct shaping and exclusive lubricant. Stimula is the sheath designed for both partners—another first from Chefaro.



Another name for contraceptive sheaths.

Horizon, Conture, Tahiti and Stimula are trade marks of Akwell,
a division of G.D. Searle and Co. Ltd.

Distributed by Chefaro Proprietaries Ltd.,
Crown House, Morden, Surrey. Tel: 01-542 3402.

Favourable trends in OTC market

Market trends for over the counter contraceptives seem to be moving in the pharmacist's favour.

Over the past year sales of the sheath through independent chemists have increased by 8 per cent in volume terms, according to Ted Wallbutton, marketing manager, LRC Products Ltd.

Although some of this increase is a general market growth following recent advice that women over 30 should reconsider their use of the "pill", LRC believe that the chemist has also been taking business from other outlets such as barbers, whose numbers have steadily declined in recent years. This trend has been helped by the fact that more women are buying sheath supplies and women are more likely to visit pharmacies than barbers.

The "upper-middle class women in the south" who were the first to take to the "pill" now appear to be the first to be abandoning it in favour of the sheath; LRC report that the highest volume growth—18 per cent—of sheath sales is through the independents in London and the south of England. Women further north who favoured the "pill" more recently are expected to take longer to change to other methods.

Half all sales

Chefaro Proprietaries Ltd, distributors of Horizon, say that chemists now account for half of all sheath sales. Other sources of supply seem to offer little threat to pharmacies at present. According to Yago Holdings Ltd, mail order has grown from about 10 to 14 per cent in the past four years, vending machines account for about 9 per cent of sales (a drop of one or two per cent), clinics remain fairly static with about a five or six per cent share, and hairdressers' sales have declined rapidly.

Views differ as to the threat from clinics. Ted Wallbutton believes that women stopping the "pill" may get sheath supplies initially from clinics but in the long term will come round to the idea that pharmacies are more convenient. However, Ian Sharpe, Horizon brand manager, doubts whether the benefits of convenience will ultimately outweigh the economic benefits of free supply from clinics especially as more and more couples become aware that sheaths are available in this way.

Certainly, more family planning clinics are providing more sessions attended by more patients. The Department of Health's provisional figures show that the total number of patients seen rose from 1,457,882 in 1976 to 1,518,954 in 1977—a five per cent increase.

The Family Planning Association confirms that there has been a marked

increase in condom use (perhaps 100,000 to 200,000 through all outlets) in the past year and some 2.7 million couples now rely on this method. About 3.1 million women take oral contraceptives so between them these two methods are by far the most popular in a market which has a potential of some 8.1m couples "at risk" of pregnancy. About 300,000 women use the diaphragm (usually in conjunction with spermicides), 100,000 use spermicides alone, 5-600,000 intra-uterine devices, 200,000 the safe period and 700,000 withdrawal.

Both the FPA and manufacturers contacted by *C&D* say that the IUD, diaphragm, creams and foams have become more popular in the past year. The FPA has also noticed a dramatic increase in demand for sterilisation over the past three years and the Department of Health admits that this demand has grown faster than NHS provision. Dr Jacques E. Rioux, professor of gynaecology and obstetrics, Laval University Hospital, Quebec, stated at a recent conference in Montreal that the number of couples throughout the world who chose sterilisation had risen from 20m in 1970 to 80m in 1977.

Predictions for the future from various manufacturers nearly all include a further drop in "pill" usage (unless it becomes available off prescription when its use might temporarily increase). Ortho Pharmaceutical Ltd confirm that the overall market for oral contraceptives has declined by about 10 per cent over the past year and expect the trend to continue, albeit at a reduced level. The market share for the combined preparations containing less than 50mcg of oestrogen is still increasing and now accounts for about 60 per cent of the total. The progestogen-only "pill" is

gaining popularity, particularly among women over 35, but represents a small proportion of the total market (about 2 per cent).

Predictions for the IUD include both a decline in use and an increase—the latter if new products are introduced which have advantages over the existing ones. But the FPA believes that legislation requiring new devices to be licensed under the Medicines Act may make innovation more difficult because of the intensive clinical trials required.

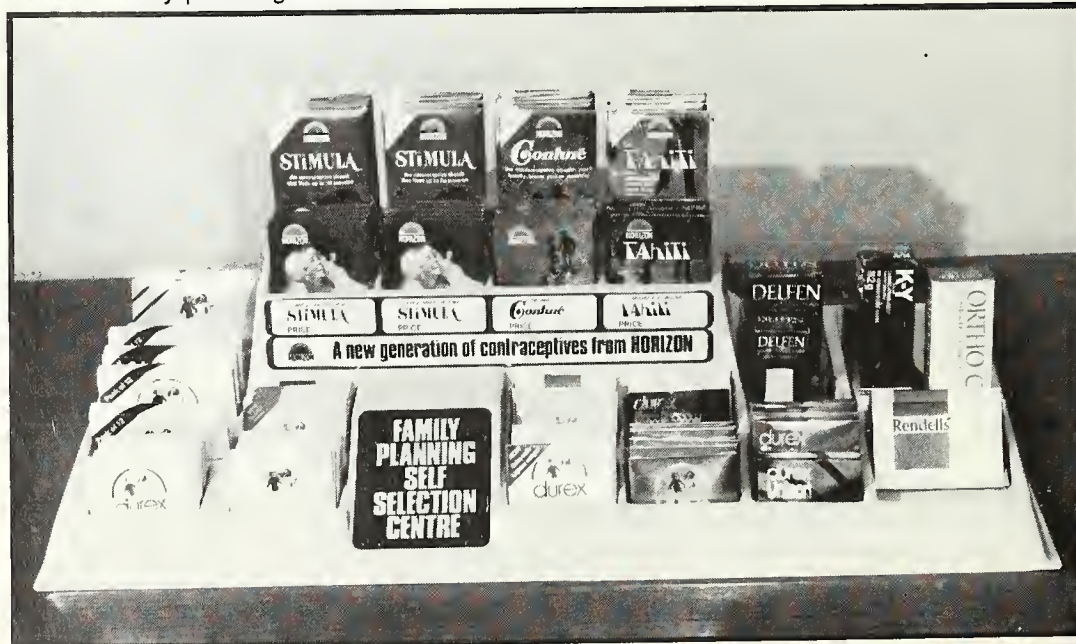
Whatever the trends, the sheath is likely to remain the most important OTC method as far as the pharmacist is concerned. Chefaro Proprietaries say that the market size for sheaths in the UK is over 150m units, worth about £15m at retail selling prices. LRC, however, give a more conservative estimate of £10½-11m, with a further £½m for spermicides making the total OTC contraceptives market around £11-11½m.

The sheath market is still dominated by Durex brands but Chefaro say that Horizon now has 11 per cent of all chemist sales (excluding Boots) and is still growing. Yago Holdings Ltd claim to have seen a 25 per cent increase in condom sales in the past 12 months with an increase of around 50 per cent in Erotim sales.

LRC say 99 per cent of chemists now stock sheaths. There is a trend towards 12 packs; in independents over 45 per cent of all sheath sales are in 12 packs—which one third of chemists do not sell. LRC recommend that pharmacists bear this in mind otherwise they could be losing out fairly heavily.

Promotion of contraceptives still presents its problems, not only to the manufacturers but also to organisations such as the FPA and the Health Educa-

Horizon family planning bar includes other brands



tion Council. Despite attempts to secure a more liberal—and less hypocritical—attitude in the media towards the advertising of family planning, these campaigners still feel unduly hampered in trying to get a responsible message across. Mr Alastair Service, the FPA's chairman, wrote in a recent issue of *Campaign*: "Sex should be allowed to sell responsibility in sex. It sells everything else so why not? Back to the old excuse of 'offending' people. Without labouring the point, who are these people who get offended? A recent campaign run by Searle Products brought three complaints. The slogan read 'We've made a contraceptive sheath specially for Joy'. Mary Whitehouse and two other ladies complained. The complaint was upheld (by the Advertising Standards Authority). Protection of minorities is admirable, but isn't this going too far?"

The Independent Broadcasting Authority recently relaxed its code to allow family planning advertisements so long as they came from official family planning centres, the Central Office of Information, or Health Education Council. But no brand names can be mentioned even though there may be reference to the commercial availability of contraceptives.

Ted Wallbutton, LRC, sees little opportunity for manufacturers in this revision

apart from it being a "step in the right direction." But manufacturers, such as Ortho Pharmaceutical, who want to maintain prescription status for their spermicides, etc., are not interested in direct advertising to the public at all.

Meanwhile, for 1979, LRC are continuing with their two-tier promotional strategy by, firstly, improving the "image" of the sheath and making the name Durex more acceptable with continuing sponsorship of Durex—Surtees racing, speedway and powerboat racing, and the "small family car" Minis. The "small family car" poster last week won a gold award in the 1978 Marketing Awards for Poster Advertising.

Secondly they will give advertising support to specific brands such as Nuform Extra Safe, which has met with a great deal of success since its introduction earlier this year. LRC believe the slogan "Coming off the 'pill'?" used in the national Press and women's magazine campaigns was exactly the right message at the right time. They also felt it was a courageous step to advertise to women a product not usually bought by them—and the decision seems to have paid off.

Ted Wallbutton is still amazed at the number of pharmacists who seem reluctant to display sheaths on the counter. "They are missing out on giving a useful

service and also missing valuable profit. If about 40 per cent of all the women of fertile age visiting their pharmacies rely on this method then who are they going to embarrass with a counter display? Certainly not the women."

Earlier this year Chefaro introduced a free family planning bar which provides display space not only for Horizon but also for Durex and all the contraceptive creams, foams and lubricating gels. The aim was to provide an area, taking up as little space as possible, where customers could buy their family planning requisites easily and without embarrassment.

Next year's advertising plans for Horizon brands are still being finalised but heavy support is promised and details of bonus deals are available from Chefaro or their representatives.

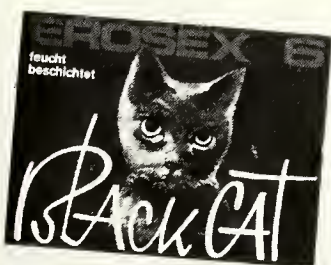
Yago have a 1979 advertising budget of £100,000 for Erotim and Fulex, and new multipack dispensers will be introduced for the Erotim range.

W. J. Rendell Ltd are planning media advertising which will concentrate on the value of a double method, for example, sheath and spermicide.

A new consumer booklet for C-film is available from Potter & Clarke Ltd, 415 Limpsfield Road, The Green, Warlingham, Surrey CR3 9YS.

HOW MANY PRODUCTS CAN YOU THINK OF THAT GIVE YOU 200% MARK-UP? OURS DO!!!!

WE SPECIALISE IN HIGH QUALITY MALE SHEATHS—SUPERBLY PRESENTED—TESTED TO THE HIGHEST STANDARDS—AT PRICES YOU JUST WON'T BELIEVE THESE ARE JUST TWO OF THE BARGAINS WE OFFER OUT OF A RANGE OF OVER 300 ITEMS



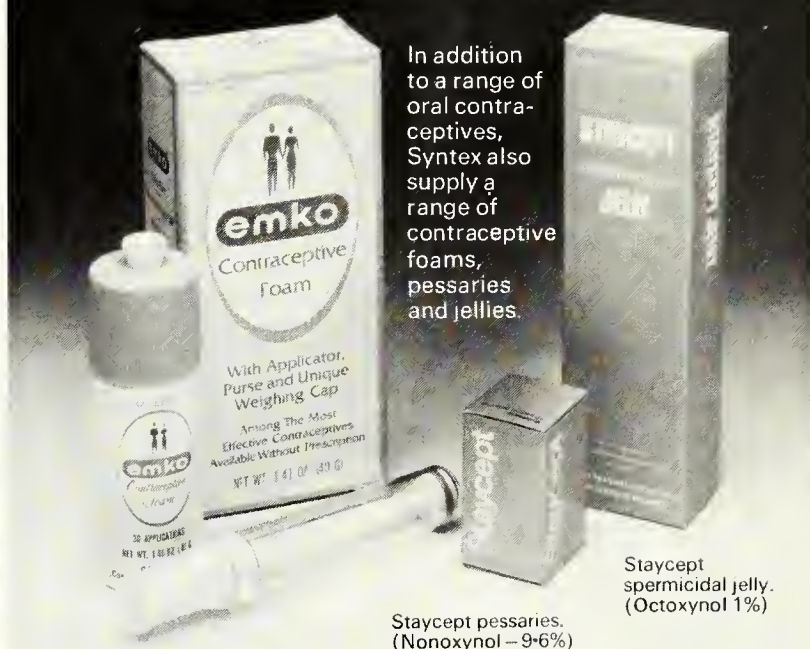
EROSEX BLACK CATS
Six colourfast,
lubricated sheaths for
imaginative couples
only **£8.00** per gross



EROTIM COLOR
Superfine, colourfast,
lubricated sheaths in
six shades, RED, BLACK,
BLUE, GREEN, YELLOW,
IVORY. Safety and variety
in one packet
only **£8.00** per gross

SELL-OUT PRICE £16.80—200% MARK-UP FOR YOU! DON'T DELAY SEND TO:
**THE SPECIALISTS, YAGO HOLDINGS LTD., UNIT 12 (CD1),
COLESHILL INDUSTRIAL ESTATE, BIRMINGHAM B46 1HT**

SYNTEX with women in mind



Emko contraceptive foam.
(nonoxynol — 9.8%
benzethonium chloride 0.2%)

Staycept pessaries.
(Nonoxynol — 9.6%)

Staycept
spermicidal jelly.
(Octoxynol 1%)

Used in combination with a condom, diaphragm or I.U.C.D., Emko foam, Staycept pessaries and jelly provide a reliable method of contraception for those patients who cannot take the pill.

Further information is available from
Syntex Pharmaceuticals Limited, St. Ives House,
St. Ives Road, Maidenhead, Berks.

Staycept and Emko are trademarks.



Dangers of Sunday trading extension

I am so glad that there is to be an amendment to the Sunday Trading Bill, and we will be able to "make it worthwhile to be there." Sunday rotas were approaching the state where payment actually looked like a Basic Practice Allowance, and one could cope efficiently with the antibiotics, etc, normally presented with minimal counter assistance. By this I mean that a pharmacist and a technician could provide a real pharmacy service, without having to be worried by many extraneous matters. Now, of course, since we are present for general trading, the rota fees need not be increased, since Department of Health policy is to expect us to make up any shortfall on NHS income with counter sales.

Who needs enemies, when we have friends like the NPA Board of Management?

Miall E. James
Benfleet
Essex

Superiority of generic drugs

We would appreciate the use of a little space to comment (we regret rather belatedly) on the article "Generic prescribing—for and against" (*C&D*, November 4, p796). This article states views expressed at a conference entitled "Which name, when" held in London recently.

Particularly we would like to take issue with some of the remarks made by Dr G. R. Daniel, especially in the paragraph headed "Minimum standards". In this passage he is reiterating the well-worn argument to the effect that "generic manufacturers would never be able to produce the same quality as the research based companies". As he appears to base his argument mainly on the cases of phenytoin and digoxin (these being mentioned specifically elsewhere in the article), it could be suggested that he is behind the times in this matter, since these two incidents occurred several years ago, and the situation has changed considerably since then.

The position now is that, in order for a generic manufacturer to obtain a licence to market his product, he has, amongst other things, to demonstrate clearly that this product compares favourably with the existing proprietary brand leader in all the essential criteria. These criteria are, in the case of tablets, capsules, and other unit dosage forms, bioavailability, dissolution, stability, safety and efficacy. In order to satisfy the Committee on Safety of Medicines on these aspects of his product, the generic manufacturer has to submit full details of his formulations, method of manufacture, details of the tests employed to demonstrate the above

parameters, and full and on-going stability tests covering several production batches.

In this connection it might be added that, in this company's experience at any rate, the results of these tests have shown, in some cases, a definite superiority of the generic product over the proprietary produced by the research based companies. Also, so far as the pharmacopoeial monograph for a particular product is concerned, it is necessary in many cases for the generic manufacturer to go beyond this in matters such as tests for, and limits of, impurities and breakdown products, to which no reference is made in the official monograph.

On the question of the active agent itself, the generic manufacturer is often compelled to seek a source of supply abroad since, for obvious reasons, the UK proprietary manufacturer is not prepared to supply him with the material. If a suitable supply is located, it is necessary for the manufacturer of the substance to submit to the CSM a full dossier giving complete details of his (synthetic) process, possible impurities, breakdown products, traces of solvent residues (if any) etc. This information is supplied to the Department of Health on a confidential basis, and the generic manufacturer is unaware of the contents of it, until he is told either that the material is unsuitable for his use, or that it is satisfactory—in which case details of the tests are sometimes supplied so that a careful monitoring of his product can be carried out.

A further point that could be made here is that there are many proprietary "brand leading" products that are still covered by product licences of right, which means that they have not, so far, been scrutinised by the CSM, nor are they likely to be for some considerable time yet, judging by the rate of progress

that the Committee on Review of Medicines is currently making.

We agree, of course, that the generic manufacturer does not have anything like the research and development costs which the research based company has to bear. On the other hand, he can only consider bringing his generic equivalent on to the market when he is completely satisfied that no valid patent exists, and/or that the material he uses is manufactured strictly by a process which does not infringe, in the slightest, any valid patent.

The writer regrets the length of this letter, but he felt that it was important to counter the misleading impression likely to be given by Dr Daniel's remarks.

A. E. Corker
Technical director,
Arthur H. Cox & Co Ltd
Brighton, Sussex

Thanks for help after bomb blast

Our pharmacy and cosmetic business came to near total destruction on November 14 (last week, p881) at the hands of the bombers. Considerable damage was done to both drug and cosmetic stocks as well as to our pharmacy premises with the result that for the time being we are unable to carry on prescription dispensing.

We wish, through your columns, to thank all for the many messages and offers of help from drug and cosmetic houses, their representatives and fellow chemists from various parts of Northern Ireland. We convey a very special word of thanks to our drug suppliers Thomas McMullan & Co Ltd, Circular Road, Omagh, and Robert Smith & Co (Derry) and their representatives Mr Donal McSorley and Mr Billy Manning.

We have taken steps to have our

McDermott's pharmacy, destroyed recently in a bomb blast in Omagh (see letter above), Mrs Anna McDermott received a telephone warning that she had a few minutes to get out before the bomb went off. She immediately alerted the police who managed to evacuate most of the nearby shops before the explosion. (Photo courtesy of *The Ulster Herald*).



pharmacy rebuilt and hope to be back in business at an early date.

Despite what the politicians and political parties say, there seems to be little safeguard or protection for the small, individual trader giving personal service to the community in Northern Ireland; they suffer most and the more keenly. All newspaper pronouncements and talk to the contrary are mere pretentious hypocrisy. All the business people in Bridge Street, Omagh, are, without exception, individually owned and were giving an efficient and unmatched service to the people of Omagh; now they are out of business.

Anna McDermott

Omagh

Co Tyrone

PSNC 'should wake up to responsibilities'

Apart from the undoubted damage done to public, Press and Parliamentary support gained by hard work over the past year, and the mindless wounding of pharmacists' morale by sheer stupidity at the negotiating table on the part of the PSNC, the maintenance of its present "reasonable" passive behaviour can only serve to destroy further our case for adequate remuneration, every additional day it continues.

What other profession would carry out its recognised work for which it alone has been specifically trained at rates lower than those awarded to lesser trained and lesser skilled persons—in our case dispensing doctors?

Whatever the outcome of Mr Ennals' new panel game, he will surely be on a good wicket in perhaps six months' time to nullify our case by stating that doctors have been paid more than pharmacists for dispensing since last year. He could therefore ostensibly establish a *fait accompli* differential as a further barrier to a reasonable settlement. It may well prove that only with the greatest difficulty and effort we could re-establish equality with dispensing doctors, let alone reverse the differential to its correct position.

For goodness sake, PSNC, wake up to your responsibilities to our worthy profession.

Bitter Aloes

Eleven items for one patient

The following items were dispensed for one patient. I must say he looked fitter than I did!

Mogadon 30, 1 nocte; Aprinox 5mg 60, 2 mane; digoxin 0.125mg 60, 1bd; Atromid S 120, 4 daily; Persantin 100mg 90, 1 tid; Gaviscon 60, 2 nocte; Slow K 90, 1 tid; Tagamet 60, 2 nocte; Glucophage 500mg 90, 1 tid; Daonil 5mg 30, 1 daily; glyceryl trinitrate 0.5mg 50, 1prn.

S. Timmins

J. T. Egginton Ltd,

Dudley, West Midlands

OFT seeks improvements in advertising practice

The self-regulatory system of the advertising industry to ensure that printed advertisements are "legal, decent, honest and truthful" is working well, but some improvements are needed, believes Mr Gordon Borrie, director general of Fair Trading. Announcing the results of an OFT survey on advertising last week, he said the report suggested that the director general should be given powers to seek a court injunction to stop publication of any advertisement which seriously breached the Code of Advertising Practice. He said he could see no justification for drastic new legislative controls, and he thought it would not help if the Advertising Standards Authority were to be made a statutory body.

The report recommends that the ASA should bring advertising in point-of-sale material and brochures into the system. It says the ASA declines to pursue public complaints about POS matter which is unconnected with a media advertisement. Although the sanction of denying advertising space could not be applied to POS offenders the lesser sanction of adverse publicity could be employed and trade associations could apply their own discipline.

Statutory power

The report calls for a statutory power which would enable the director general to take action against any misleading advertisement, swiftly and efficiently, to reinforce the position of the ASA in the few cases where it could not be achieved at present. The report criticises the length of time the ASA took to deal with complaints. An examination of complaints received in November 1977 which were found by the ASA Council to infringe the Code, showed that delays were sometimes caused by advertisers failing to substantiate their claims promptly. Therefore offending advertisements continued to appear for a considerable time after a complaint had been made. To reduce such delays the report suggests only 10 days should be allowed for substantiation, after which the case should go to the Council for a decision. Nor should cases be held up awaiting advertisers' comments on draft conclusions. The report also recommends notices to cease the advertisement should be sent direct to publishers, as well as to the media associations.

The OFT survey had also included an independent examination of almost 3,000 advertisements in national and provincial newspapers and magazines during March 1978. It was estimated that 93 per cent conformed to the Code, although national papers had a failure rate of 13 per cent, regarded by Mr Borrie as high. Consumer research suggested that no particular group—the poor, the young, the old or

the less-well-educated—were any more vulnerable to advertising than others.

The report doubts whether sufficient sanctions are available against advertisers who breach the Code. Corrective advertising is one further possible sanction suggested although there are doubts whether it would erase the effects of misleading advertising. The report recommends the ASA should consider fining advertisers, agencies and publishers who persistently breach the Code or fail to take prompt action.

The report urges the ASA to find the resources to do more monitoring and pre-publication vetting work although Mr Borrie recognises universal pre-vetting is out of the question. *Review of the UK self-regulatory system of advertising control*, Office of Fair Trading, Breams Buildings, London EC4.

Thermos prices

The Price Commission announced on October 9 an investigation into the prices of vacuum flasks and other vacuum ware manufactured and sold by Thermos Ltd. The immediate effect was that the company could not increase its prices during the investigation.

However the Commission has allowed interim increases equivalent to a weighted average of 5.33 per cent over the range of products. The increases on individual items will vary up to a maximum of £0.15 on some of the larger flasks. Some products will not be subject to any increase. The investigation is due to be completed by January 5, 1979.

Mrs Florence Andrews of Stoke-Holy-Cross, Norwich, was the consumer prizewinner of a Chrysler Sunbeam, in Unichem's recent "pointer to value" promotion. The presentation to Mrs Andrews and the car-winning pharmacist—Richard Roper of Johnston & Co, Harleston, Norfolk—was made by television star Bob Monkhouse. Also pictured are Unichem chairman Michael Frith (right) and Geoff White



Guild views on safety in hospital pharmacies

Health service workers should have the same protection as that enjoyed by workers in industry under the Health and Safety at Work Act 1974. This point was made by Miss Sheila Mackechnie, ASTMS officer with special responsibility in this area at the November meeting of the Guild of Hospital Pharmacists Council. The role of safety representatives was outlined and it was stressed that the management function of heads of departments would make it inappropriate for them to be the representatives. It was decided that Council members should record their comments on a Guild document on safety in hospital pharmaceutical departments.

The report of the Executive Committee on the Pharmaceutical Society's "Report of the working party on pre-registration experience" was accepted with minor modifications. As pharmacy is primarily a health care profession, pre-registration experience should cover both hospital and general practice pharmacy, with health authorities taking on the responsibility for its organisation. The principle of assessment was accepted but it was emphasised that the panel should be composed of pharmacists practising in health care.

As it was unlikely that the Depart-

ment of Health would issue guidance on the control of medicines in hospitals, the Guild Council agreed that it should support the action taken by the Pharmaceutical Society Council in issuing its own guidance to hospital pharmacists. It was reported that Guild membership continued to increase and was now higher than at the time of the merger with ASTMS. Concern was expressed at the number of long standing vacancies in basic grade and staff pharmacist's posts in some parts of the country. A further approach is to be made to the Oxford Regional Health Authority over the question of a full time regional pharmaceutical officer post. It was also agreed that the subscription for the Guild Abstracts should be increased to £18.

Further companies support RPM

Ciba-Geigy and Sterling-Winthrop are among the latest companies to extend their support for resale price maintenance on "ethical" pharmaceuticals.

In addition to stating that no discounts or rebates may be offered in relation to Ciba-Geigy products, the company states that when requested the wholesaler shall

give the company a copy of every document which shows that the value of Ciba-Geigy products has not been taken into account when calculating discounts etc. Also in the new agreement is a condition of 12½ per cent discount margin to the wholesaler with an extra 2½ per cent for prompt payment.

Sterling-Winthrop have drawn wholesalers' attention to their current conditions of sale and stressed that turnover on their products must not be linked with the calculation of discounts or rebates on the non-medical content of customers' purchases. These conditions apply to Winthrop Laboratories, Winthrop Pharmaceuticals and Izal Pharmaceuticals. The group's existing supply arrangement with wholesalers is to be replaced by formal agreements incorporating the new requirements.

Murder of pharmacist locum in Southend

A 40-year-old pharmacist was murdered last week in Southend near the hotel where he was living. Mr Ghirdarlal Bhatt was found early in the morning by a part-time worker at the Shaftesbury-Windsor Hotel who at first thought the body was a "bundle of rags."

He had been dead about seven hours when found and two people have appeared in court accused of his murder. Mr Bhatt, whose family resides in South Africa, had been working as a locum in Southend the previous week.



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Do it yourself products the professionals use

Security booklet

Pharmacy Security is a booklet produced by Smith Kline & French Laboratories Ltd for the retail pharmacist. The physical security of premises, alarm systems and prevention of theft during shop hours are considered, together with guidelines for protection. Several cards are included for pharmacists to fill in descriptions of suspicious persons immediately and retain as a memory aid for later recall. The 22nd edition of SK&F Pocket Book of Medical Tables is also available—to doctors, pharmacists and other members of the health profession. Copies of both may be obtained free from the Professional Services Department, Smith Kline & French Laboratories Ltd, Welwyn Garden City, Herts AL7 1EY, or from the company's representatives.

Small family car

LCR Products have won another award for their "small family car" poster. At the recent presentation of Marketing Awards for Poster Advertising LCR Products scooped the gold award in the first category (food, toiletries, cosmetics and pharmaceuticals). The marketing Awards were instituted last year under the co-sponsorship of the Institute of Marketing and British Posters Ltd. These awards are designed specifically to assess more than the prettiness or otherwise of the posters. Points

which the adjudicating panel take into consideration are the effective use of marketing principles and techniques in the planning stage; the poster's integration with other media advertising, if there is any; audience coverage; sales force involvement and trade reaction; the impact and creative content of the campaign and the results of the campaign from the point of view of maintenance or increase of brand share; consumer awareness and cost effectiveness of the campaign. Spillers Food won the silver award for their Choosy cat food poster and Pretty Polly tights the gold prize in the clothing category for having increased their sales through grocery outlets.

Pilot FPA course

A pilot course for pharmacists on family planning held in Harrogate last week, went "very well", according to a Family Planning Association spokeswoman. The two-day course, attended by 26 pharmacists, was administered by the Pharmaceutical Society in collaboration with the FPA and included lectures on family planning services and methods. It was eligible for Department of Health finance for the continuing education of those providing Part II pharmaceutical services. Further discussions are to be held between the Society and FPA before it is decided whether to hold another course.

Papers on practice research invited

The Pharmaceutical Society is inviting papers for presentation at the pharmacy practice research session of the British Pharmaceutical Conference to be held in Exeter next year. Once again, the *Chemist & Druggist* Award, comprising a silver medal and a cheque for £50, will be given to the presenter of the paper considered by the adjudicating panel to be of the best quality and presented in the best manner. Papers can relate to any aspect of pharmacy practice in general practice, hospital, industry, education, or other fields. The work should be aimed at furthering the objectives of the profession, have a practical application and be related to the social, economic or natural scientific or technological aspects of pharmacy. The aim of the session is to encourage pharmacists to contribute to the development of the profession by taking a positive interest in aspects of pharmacy practice, and it is hoped that the *C&D* Award will provide a small incentive towards this research. Communications should be submitted no later than May 17, 1979, and those intending to contribute are asked to apply early in the New Year for full details to Mrs S. A. Henry, Pharmaceutical Society, 1 Lambeth High Street, London SE1 7JN.

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PROFESSIONAL NEWS

Pharmaceutical Society of Northern Ireland

Names removed for not paying fees

The names of members and students who have not paid the retention fee for the current year are to be removed from the appropriate register. That was decided at the November meeting of the Council of the Pharmaceutical Society of Northern Ireland. The president, Mr S. Moore, said 55 members had not yet paid the fee; some of these had intimated that they wished to have their names removed and others resided outside Northern Ireland but about 10 were members who were proprietor pharmacists or superintendents of companies. The secretary said each member received three reminders, one in mid-August, one at the beginning of October and one early in November. The resolution had been worded to take effect from December 9. A list of those whose fees were outstanding was being sent to the Department of Health so that the inspector could contact the defaulters before the removal date. A list of the names removed from the Register of Pharmaceutical Chemists will be sent to the pharma-

ceutical officer, Central Services Agency.

The reports of the Finance and Education Committees were adopted. Presenting the latter Mrs O'Rourke explained that the meeting had been attended by Dr J. A. King, who represented the Society at the meetings held in London to discuss the qualifications that included the EEC Directive requirements for the position of "qualified person" in the pharmaceutical industry. He had reported on meetings already held and said the general opinion of the representatives present was that no one qualification met all the requirements; some "topping-up" would be required. It was generally felt that the possession of one of the qualifications of the professions represented would be a condition precedent to taking the "topping-up" course and that some experience in industry was essential before taking up a position as a "qualified person".

The "study guide" prepared jointly by the Pharmaceutical Society of Great Britain and the Royal Institute of Chemistry and setting out what was thought to

be the role of the "qualified person" was considered as were the additions to be made to the BSc(pharmacy) degree curriculum to meet the EEC requirements. In the opinion of Professor D'Arcy the present degree course syllabus covered up to 85 per cent of the EEC requirements. Dr King would submit the Council's views on these matters at the next meeting of the representatives to be held in January 1979. The report also included a recommendation that the applications of the following for registration as students be granted: Brendan Kerr, 14 Loughview Drive, Belfast; James Charles McElnay, 49 Rugby Road, Belfast; Terence Anthony Maguire, "Merville" Derry Road, Strabane, co Tyrone.

Health centre study

Mr Dillon gave a report of a meeting held on November 2 when representatives of the Council, the Pharmaceutical Contractors Committee and the Ulster Chemists' Association discussed the consultative paper on health centres prepared by the Department of Health. He said the papers resulted from the Department's review of its policy on health centres in the light of experience gained over the past 10 years. The joint committee had agreed to submit comments relating to the role of the pharmacist in primary care, the sale of welfare foods at health centres, the supply of dressings etc for use in treatment rooms, security arrangements, the siting of centres and the procedure at the planning stage, the training of those employed at centres, the optimum numbers of medical practitioners

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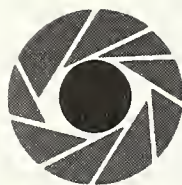
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for which a centre should provide and the basis of charges in respect of health centre pharmacies. The joint committee agreed with most of the recommendations the paper contained and had drawn attention to matters which were overlooked.

Mrs O'Rourke said a useful meeting had been held on October 30 with some members of the committee of the Northern Ireland Branch of the Guild of Hospital Pharmacists. The opportunity had been taken to emphasise the fact that employment as a pharmacist in a Northern Ireland hospital could be given only to a pharmacist registered as such in Northern Ireland. The functions and duties attached to certain posts in the hospital service were also discussed and it was agreed to hold another meeting in February 1979.

It was agreed to nominate Mrs Muriel Singleton, department of pharmacy, Queen's University of Belfast, as the Society's examiner in pharmacy legislation for the year ending December 31, 1979. The president said that at least one student presently undertaking practical training had graduated about 10 years ago and would therefore be required to pass a pharmacy legislation examination.

The president said that he attended a meeting of the Lurgan, Portadown and Armagh District Branch held at Craigavon health centre on November 14. There had been a good attendance to hear a talk by Mr J. Gordon, Bradbury (Surgicals) Ltd, on elastic hosiery and ostomy appliances. Miss Watson, chairman of the branch, asked how many notices of the meeting were sent out. The secretary said about 76 members received invitations and there was an attendance of about 40. However, a number of pharmacists who resided outside the branch area had been invited by members to attend to hear this particular talk. This was the only district branch that held regular meetings and if the branch members so wished the boundary could be extended.

Future of pharmaceutical services

Mr Kerr said that when the paper on health centres was being considered by the representatives of the three bodies he had raised the matter of another meeting to discuss the report on the future of pharmaceutical services in Northern Ireland prepared by a subcommittee of the Central Pharmaceutical Advisory Committee. It had been agreed to hold this meeting on November 21. Council agreed that the same members should attend and it was decided to hold a meeting of the General Purposes Committee the same evening.

After a discussion on the sale of veterinary medicines it was agreed to ask that another meeting be held with representatives of the Northern Ireland Veterinary Association. The secretary reported that Professor Peter Parish had accepted an invitation to address a joint meeting of the Northern Ireland Faculty of the Royal College of General Practitioners and the Society on April 10, 1979. The title of his talk would be "Developing standards of prescribing practice".

Northern Pharmacies Ltd

health centre accounts

The turnover of £122,885 of the Brownlow health centre, Craigavon, Northern Ireland (*C&D*, November 11, p 810) comprised counter sales of £26,600, prescription charges £2,985 and health service prescription remuneration £93,300. The

average number of items per form was 1.53 and the total number of forms 41,251. Below are printed the trading and profit and loss account for the year ended March 31, 1978 and the balance sheet as at that date.

Trading and Profit and Loss Account for Year Ended March 31, 1978

	1977	
	£122,885	£97,588
<i>Sales</i>		
<i>Cost of sales</i>		
Stock at 31st March 1977	£11,002	£ 8,435
Purchases	94,297	73,254
	<u>105,299</u>	<u>81,689</u>
Less: Closing Stock at 31st March 1978	13,706	11,002
	<u>91,593</u>	<u>70,687</u>
<i>Gross profit</i>	31,292	26,901
<i>Administration expenses</i>		
Salaries and Wages	20,620	16,885
Pension Scheme	686	747
Rent, Rates and Electricity	2,003	1,679
Insurance	171	168
Telephone and Postage	611	333
Motor Expenses	754	833
Legal Fees	255	—
Audit and Accountancy Fees	423	500
General Expenses	1,077	1,348
<i>Financial expenses</i>		
Bank interest and fees	31	25
<i>Depreciation</i>		
Equipment	81	95
	<u>26,712</u>	<u>22,613</u>
<i>Net profit for year</i>	<u>£4,580</u>	<u>£4,288</u>

Profit and Loss Appropriation Account for Year Ended March 31, 1978

<i>Net profit for year</i>	£4,580	4,288
Less: Covenanted subscriptions	4,545	—
	<u>35</u>	<u>£4,288</u>
<i>Deduct: Taxation</i>		
Current Year		(800)
Prior Year Adjustment	(1)	—
Deferred Taxation	(132)	(1,033)
	<u>(133)</u>	<u>(1,833)</u>
<i>Loss for year</i>	(98)	2,455
Add: retained profit brought forward	5,808	3,353
	<u>£5,710</u>	<u>£5,808</u>
Surplus at March 31, 1978		

Balance Sheet as at March 31, 1978

<i>Fixed assets</i>	£ 457	£ 538
<i>Current Assets</i>		
Stocks	£13,706	£11,002
Debtors	12,029	11,234
Prepaid Expenditure	686	686
Allied Irish Banks Limited	471	316
Cash on Hands	198	198
	<u>27,090</u>	<u>23,436</u>
	<u>27,547</u>	<u>23,974</u>
Less: <i>Current liabilities</i>		
Trade Creditors	13,486	11,649
Accrued Expenditure	4,290	2,110
	<u>17,776</u>	<u>13,759</u>
	<u>9,771</u>	<u>10,215</u>
<i>Deferred liabilities</i>		
Interest Free Loan—C.S.A.	1,211	1,689
Taxation	2,850	2,718
	<u>4,061</u>	<u>4,407</u>
<i>Excess of assets over liabilities</i>	5,710	5,808
Represented by:		
<i>Surplus at March 31, 1978</i>	<u>£5,710</u>	<u>£5,808</u>

COMPANY NEWS

Sants Group resolve supply dispute with Glaxo

Sants Group have resolved their long-standing supply dispute with the Glaxo Group. Sants reached an agreement for the supply of Glaxo's prescription products from November 1.

However, four manufacturers — Boehringer Ingelheim Ltd, Riker Laboratories, Roche Products Ltd and Pfizer Ltd — have not yet agreed direct wholesale supplies. But Sants Group chairman, Mr B. S. Phillips, hopes soon to see a favourable outcome of negotiations with these companies.

Group trading profits for the year ending June 30, 1978, were £28,243, an increase of 158 per cent on external sales which increased by 56 per cent to £1,832,064.

Sants Pharmaceutical Distributors Ltd's progress was satisfactory though profits were again reduced by the supplies dispute, the chairman says, but resolution of the dispute should contribute to an improvement in gross margins during 1978-79. Trading conditions are difficult because of increased discounting activities by national group wholesalers, some independents and certain "short run" suppliers, he adds.

The company is supporting the National Association of Pharmaceutical Distributors in persuading manufacturers to distribute only through *bona fide* comprehensive wholesalers and in persuading those wholesalers to maintain full pharmaceutical services, "measures which would make excessive discounting difficult and which would make for a more equitable and rational distribution as some, but not all, retail pharmacies and retail chains are, wrongly in our view, supplied directly by some manufacturers." Benefits should accrue from installation of a BCL computer system.

The trading results of Browns Chemists, the retail company, were up to expectations. From December, they are operating only one retail pharmacy, in accordance with the undertaking given to the council of the NAPD when Sants was admitted to membership in 1975. A one fifth share has been taken in the Burslem health centre consortium pharmacy following the planned closure of the Burslem branch.

Paracetamol source from new £4m plant

Aspro-Nicholas and Staveley Chemicals have entered into a joint venture through Hartington Chemicals to produce paraminophenol at a plant at Staveley works near Chesterfield.

The £4m plant is expected to come on stream during the first quarter of 1979. Much of the output will be supplied to

Graesser Salicylates, an Aspro-Nicholas subsidiary, for the manufacture of paracetamol.

Briefly

Hallons Ltd, have now opened their new showroom at 214 Maybank Road, London E18 1EX (opening hours 9 am-4.30 pm, Monday to Friday). A limited selection of display material is for sale on a cash and carry basis only, and samples of other items in the Hallons range can be seen. Staff will take orders which can either be sent direct to customers or made available for collection at the showroom in two to three days.

Alvax Supplies Ltd is a specialist label printing company which has been formed at 60 Redcliffe Street, Bristol, and aims to solve many of the problems associated with the purchase of reels of die-cut labels. Formed by John Howell and Ian Turner, the company specialises in designing and printing labels of complex shapes on materials traditionally considered as problematical.

G. E. Booth & Son Ltd, The Springs, Wakefield has been bought by Ralph Cuthbert Ltd, Huddersfield, who have several pharmacies in the area.

APPOINTMENTS

Marketing director for Vestric

Mr David L. Taylor MPS, operations controller of Vestric Ltd's southern division, joined the board of Vestric on December 1, and from January 1, 1979, takes over the position of marketing director from Mr Tom Saul who is leaving Glaxo Group after 20 years' service to embark on a business venture.

Mr Taylor, who is 38, joined the former Evans Medical Bristol branch in 1964 as hospital sales supervisor, two

Mr Taylor



years before Vestric Ltd was formed. Previously, he was in retail pharmacy for eight years. In 1969, Mr Taylor was promoted to assistant branch manager at Vestric Ltd (Rowland James Branch), Cardiff, and became branch manager there in 1971. In 1976, he was appointed customer services manager at the head office in Runcorn and was promoted to operations controller of the southern division later that year. Married with three children—two daughters and a son—Mr Taylor is a keen golfer, playing off a handicap of 10.

New Sangers MD

Mr J. Nichols has been appointed group managing director of Sangers following the resignation of Mr S. G. Folkes. Mr Nichols was previously a Sangers director.

Nicholas International Ltd: Gordon Andrew has been appointed group marketing manager—confectionery.

New Era Laboratories Ltd: Gordon Broom has been appointed as representative for the West Country and South Wales territory.

Braun Electric (UK) Ltd, have appointed Mr Howard J. Atkins as sales director from January 1, 1979. Mr Atkins was previously with the Paper Mate division of the Gillette Co in Boston, and prior to that he worked for three years with Gillette UK Ltd.

Department of Pharmacy, Brighton Polytechnic: Dr Christopher Marriott has been appointed reader. Dr Marriott, now at Nottingham University, will have special responsibility for research in the department which he will join in the New Year.

WESTMINSTER REPORT

Acupan costs

Asked by Mr Laurie Pavitt for the differences between Acupan and aspirin-paracetamol analgesics to justify the increased costs to the NHS, Mr Roland Moyle, Minister for Health, said cost comparisons were inappropriate. The chemical structure, mechanisms of action and spectrum of effectiveness were all different for Acupan, he said in a written Commons answer.

Animal experiments

An all party motion on animal experiments had received 94 Commons signatures by Tuesday as C&D went to press. The motion reads: "This House urges the government to initiate a major inquiry into the practice of using animals for the purpose of experiments other than essential medical research." Leading signatories were Mr F. Burden, Sir Anthony Royale and Mr Michael Stewart.

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We regret that problems of storage compel us to implement this rule more rigidly than in the past and we wish to give notice that all materials used November, 1977, will be destroyed unless we receive instructions by December 16, 1978, to return them to the advertiser or agent.

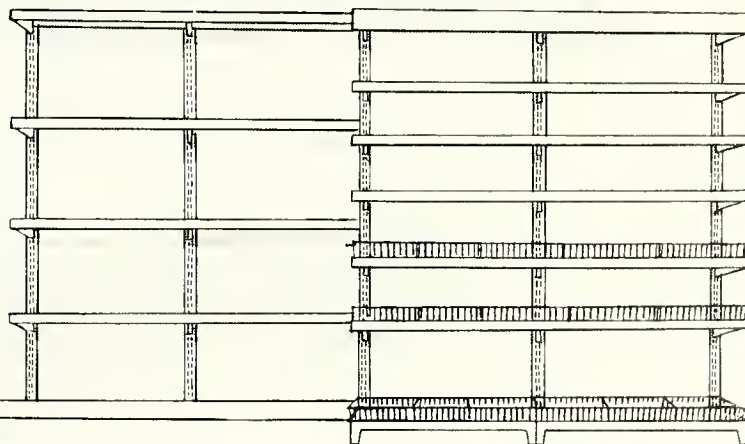
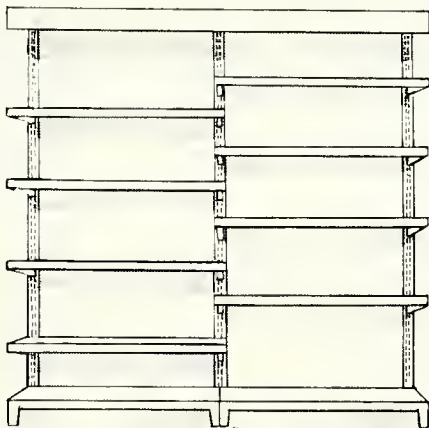
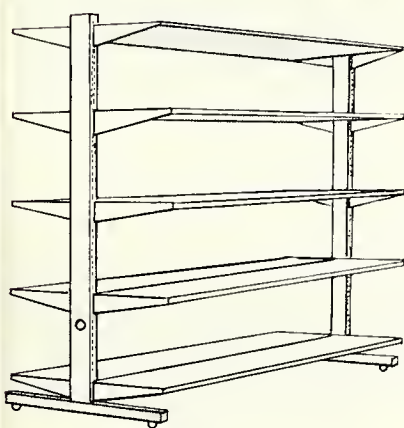
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Bismuth lower

London, November 29: Bismuth salts were considerably reduced in price by the makers during the week reflecting chiefly the lower demand for the metal. Bismuth carbonate is now £6.25/kg in 50-kg lots against £8.98 prior to the change and compares with £10.46 a year ago. Dearer is sodium sulphate, BP, while the commercial grade is unchanged. The manufacturers of phthalylsulphathiazole are again quoting for the item after a few months' absence.

Trading in Indonesian oils was affected by the Indonesian government's decision to allow their dollar to "float" against sterling. The immediate effect was a depreciation of that dollar of 50 per cent. Quotations for some oils fell by about 10 per cent but buyers held off in the belief that there was room for further reductions. Also in the essential oil sector there was a sharp fall in the rates for American piperata oil. Ceylon cinnamon leaf oil lost further ground following the previous week's fall when the floor price was removed and export tax was abolished.

Many botanicals are firmer because of a tight supply position. Among those marked up in the week were cascara, cherry bark, dandelion root, hydrastis and tonquin beans.

Pharmaceutical chemicals

Ammonium acetate: BPC 1949 crystals £0.7378 kg in 50-kg lots; strong solution BPC 1953 £0.243 kg in 250-kg lots.

Ammonium bicarbonate: BPC £178.35 metric ton, ex-works, in 50-kg bags.

Ammonium chloride: Pure in 50-kg lots £0.2344 kg for powder.

Ammonium tartrate: Commercial £1.51 kg in 50-kg lots.

Ascorbic acid: (Per kg) from £5.70 for British material in 25-kg lots down to £4.95 for imported in 1-ton lots.

Bismuth salts: £ per kg.

	50-kg	250-kg
carbonate	6.25	6.16
salicylate	7.89	—
subnitrate	4.92	4.85

Carotene: Suspension 10% £33.42 kg; 5-kg £31.42 kg. 30% £59.13 and £57.13 respectively. Crystalline £174.05 kg.

Dexpanthenol: (Per kg) £12.28; 5-kg £11.03.

Dextromethorphan: £164.85 kg, £162.85 kg in 5-kg.

Ferric ammonium citrate: BP £1.70 kg in 250-kg.

Ferric citrate: £2.75 kg in 250-kg lots.

Ferrous carbonate: BPC 1959 saccharated £1.70 kg (50-kg lots).

Ferrous fumarate: BP £1.75 kg in 50-kg lots.

Ferrous gluconate: £2.060 per metric ton.

Ferrous succinate: BP £4.50 kg in 50-kg lots.

Ferrous sulphate: BP/EP small crystals £560 metric ton; dried £560 metric ton.

Folic acid: (kg) £50 kg in 1-ton lots.

Hypophosphites: £ per kg.

	12½-kg	50-kg
Calcium	4.20	3.94
Iron	7.19	6.92
Magnesium	6.63	6.02
Manganese	8.34	7.69
Potassium	5.76	5.46
Sodium	4.75	4.22

Hypophosphorous acid: (Per metric ton in 50-kg lots). Pure 50 per cent £389.17. BPC (30 per cent) £305.34.

Iodides: Ammonium £7.97 kg (for 50-kg lots); potassium £3.77 kg (250-kg lots); sodium £5.81 kg (250-kg lots). Resublimed £5.49 kg in 250-kg lots.

Iodotorm: USNF £11 kg in 50-kg lots.

Isoetharine hydrochloride: £100 kg for 1-kg lots.

Phthalylsulphathiazole: 50-kg lots £7.65 kg.

Pyridoxine: (Per kg) £27.70 kg, £28.45 in 5-kg lots; £25.70 (20-kg).

Ribitolavine: (Per kg) £33.42; 5-kg lots £32.17; 10-kg £31.42; diphosphate sodium £80.56, 5-kg £78.56.

Sodium sulphate: Fine crystals BP £85.80 per metric ton, pea crystals £105.30; commercial £34.60.

Succinylsulphathiazole: From £9.80 kg according to quantity.

Sulphacetamide sodium: BP £7.25 kg for 50-kg.

Sulphadiazine: BP 68, £5.60 kg in 1-ton lots.

Sulphathiazole: BP 1973, £7.60 kg in 1-ton lots.

Sulphadimidine: One-ton lots £7.60 kg for imported.

Sulphamethizole: £9.60 kg in 1,000-kg lots.

Sulphaquinoxaline: BVetC £10.27 kg; sodium salt £11.69 kg both in 500-kg lots.

Thiamine: Hydrochloride or mononitrate from £16 kg in 1-ton lots.

Tocopherol: DL alpha £19.31 kg; 5-kg £17.13 kg.

Tocopheryl acetate: £16.56 kg; £15.31 kg in 5-kg lots; £14.56 (20-kg). Powder 25% £16.13; £14.88; £14.13 (25-kg) respectively.

Vitamin A: (Per kg) acetate powder 500,000 iu/g, £17.70; £15.70 in 5-kg lots. Palmitate, oil 1 miu £17.99; £15.99; water-miscible type 100 £6.27 litre; £4.27 litre in 6 litres.

Vitamin D2: Type 850, £52.42 kg.

Vitamin E: See tocopheryl acetate.

Crude drugs

Aloes: Cape £920 ton spot; £890, cif. Curacao £1.960, cif.

Balsams: (kg) **Canada:** Easier at £13.70 spot; £13, cif. **Copaiba:** £2.65 spot; £2.40, cif. **Peru:** £8.85 spot; £8.80, cif. **Tolu:** £5.50 spot.

Belladonna: (kg) leaves £1.55 spot; herb £1.90 nominal spot; root in powder £1.10.

Buchu: Leaves £1.45 kg spot; £1.35, cif.

Camphor: Natural powder £5.30 kg spot; £5.25, cif. Synthetic £0.84 spot £0.80, cif.

Cascara: £925 metric ton spot; £900, cif.

Cherry bark: £1,200 metric ton spot; £1180, cif.

Cinnamon: Seychelles bark £480 metric ton spot; £400, cif. Ceylon quills 4 o's £0.48 lb, featherings £0.14 lb, cif.

Cochineal: Tenerife black brilliant £17.50 kg spot; £17, cif. Peru silver grey £14.50 spot; £14.25, cif.

Dandelion: Spot £1,730 metric ton spot; £1,700, cif.

Gentian: Root £1,666 metric ton spot; £1,640, cif.

Ginger: Cochin £900 metric ton, spot; £850, cif.

Nov-Dec shipment: new crop £710 (Jan-Feb). Other sources not quoted.

Hydrastis spot: £11.40 kg; forward £11.30, cif.

Ipecacuanha: (kg) Spot, £10, nominal; no cif.

Lemon peel: Unextracted, £1,190 metric ton spot; shipment £1,150, cif.

Lobelia: American £1,290 metric ton spot; European £1,220 spot.

Menthhol: (kg) Brazilian £7.70 spot; £7.15, cif.

Chinese: £6.90 duty paid; £6.25, cif.

Nux Vomica: No spot or cif.

Pepper: (metric ton) Sarawak black £1,085 spot, £1,775 cif; white £1,625 spot; \$2,750, cif.

Podophyllum: Root Chinese no spot; £400 metric ton, cif.

Quillaia: Spot £1.25 kg; £0.95, cif.

Rhubarb: Chinese rounds 60 per cent pinky £3.30 kg, spot; £3, cif.

Seeds: (metric ton, cif. **Anise:** China £830, for shipment. **Celery:** Indian £490 cif. **Coriander:** Moroccan £210. **Cumin:** Turkish £1,200; Iranian £1,400; **Fennel:** Indian £495. **Fenugreek:** Moroccan £260.

Senega: Canadian £10.10 kg spot; £9.80 cif.

Squill: Italian white nominal.

Styrax: £5.23 kg cif for natural.

Tonquin beans: Para £3 kg spot nominal; £2.80 cif.

Turmeric: (metric ton) indian powder £875 metric ton, cif.

Valerian: Dutch £1,900 metric ton spot; £1,850, cif.

Indian: £1,200; £1,100, cif.

Essential and expressed oils

Almond: Sweet in drum lots £1.25 kg duty paid.

Anise: (kg) Spot £14.70; shipment £15, cif.

Bay: West Indian £11.20 kg spot; £10.55, cif.

Bois de rose: Spot £6.50 kg; shipment £6.25, cif.

Buchu: South African £120 per kg spot; English distilled £190.

Cade: Spanish £1.25 kg.

Camphor white: £0.87 kg spot; £0.82, cif.

Cananga: Indonesian £16 kg spot; £15.50, cif.

Caraway: Imported £20 kg spot.

Cardamom: English-distilled £270 kg.

Cassia: Spot nominally £36.50 kg; shipment £34.50, cif, English distilled from bark £160.

Cedarwood: Chinese £1.50 kg spot; £1.21 cif.

Celery: English distilled £40 kg.

Cinnamon: Ceylon leaf £2.20 kg spot; £2.10, cif.

Bark: English-distilled £150.

Citronella: Ceylon £1.60 kg spot; £1.70, cif; Chinese £2.50 spot and cif.

Clove: Indonesian leaf, £2.50 kg spot; £2.50, cif; English-distilled £40.

Coriander: Russian about £20 kg.

Eucalyptus: Chinese £1.80 kg spot; £1.75, cif.

Fennel: Spanish sweet £9 kg spot.

Geranium: Bourbon £48 kg spot; £46, cif.

Ginger: Chinese £50 kg spot; £44 cif. Other sources up to £75 spot. English-distilled £120.

Lavender spike: £13 kg cif.

Lemon: Sicilian best grades from £16 kg.

Lime: West Indian £10.50 kg spot.

Lemongrass: Cochin £5.25 kg spot; £4.75, cif.

Mandarin: £18.50 kg spot.

Nutmeg: East Indian £9.75 kg spot; £9.25, cif.

Olive: Spanish £1,295 per metric ton in 200-kg drums ex-wharf; Mediterranean origin £1,285;

Orange: Florida quoted on spot at £0.65 kg.

Origanum: Spanish 70 per cent £17 kg nominal.

Palmarosa: No spot offers; £13.25 kg, cif.

Patchouli: Chinese £11 kg spot; £10.50, cif.

Pennyroyal: From £10.50 per kg spot.

Pepper: English-distilled ex-black £125 kg.

Peppermint: (kg) Arvensis—Brazilian £4 spot; £3.95, cif; Chinese £3.85, spot; Piperata American £11 spot; £10.30, cif.

Rosemary: £6 kg spot.

Sandalwood: Mysore £78 kg. East Indian £65.

Sassafras: Brazilian £2.05 kg spot; £1.75, cif.

Spearmint: (kg) American £6.50 cif. Chinese £11.25 spot; £10.90, cif.

Thyme: Red 45/50% £15 kg.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Monday, December 4

East Metropolitan Branch, Pharmaceutical Society, Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead at 7.30 pm. Film followed by discussion of resolutions for the 1979 Branch Representatives Meeting.

Enfield Pharmacists' Association. Postgraduate medical centre, Chase Farm Hospital, Enfield, at 8 pm. An illustrated talk on "Perfumery" by Mr B. Masters.

Harrow & Hillingdon Branch, Pharmaceutical Society, Northwick Park Hospital, Watford Road, Harrow, at 8 pm. Dr D. S. Smith (consultant in physical medicine, Northwick Park Hospital) on "Rehabilitation".

Royal Society of Health, 3 Grosvenor Place, London SW1, at 7.15 pm. Meeting on "The development in knowledge and treatment of multiple sclerosis".

Stockport Branch, Pharmaceutical Society, Ashton postgraduate medical centre, at 8 pm. Discussion on the report on the future of general practice pharmacy.

Tuesday, December 5

Ayrshire Branch Pharmaceutical Society, Savoy Park Hotel, Ayr, at 8 pm. Discussion on report on future of general practice pharmacy.

Barnet Branch, Pharmaceutical Society, Avenue House. Discussion on report on future of general practice pharmacy.

Lancaster & Morecambe Branch, Pharmaceutical Society, Postgraduate medical centre Ashton Road, Lancaster, at 7.45 pm. Mrs S. Williams (stoma nurse, Lancaster district) on "The community pharmacist's link in stoma care".

Leeds Branch, National Pharmaceutical Association, Golden Lion Hotel, Lower Briggate, Leeds, at 8 pm. Godfrey Bedford (secretary, Huddersfield Branch, NPA) on "The three P's—potions, pills, poisons".

North Metropolitan Branch, Pharmaceutical Society, Coram lecture theatre, School of Pharmacy, at 7.30 pm. Discussion on patient registration followed by Professor Schilling on "Industrial toxic factors in heart disease".

South-West Metropolitan Branch, Pharmaceutical Society, St George's Hospital, SW17, at 8 pm. Dr D. Bailey (Welsh school of pharmacy) on "The drug alcohol".

Wednesday, December 6

Brighton Branch, Pharmaceutical Society, Lecture theatre 1 Cockcroft Building, Brighton Polytechnic, at 8 pm. Dr Denis Parr (consultant psychiatrist, Herbert Hone Clinic) on "The work of the drug addiction clinic in Brighton".

Sheffield Branch, Pharmaceutical Society, Jessop Hospital Lecture Theatre, at 8 pm. Professor J. Switherbank (department of chemical engineering and fuel technology, University of Sheffield) on "Energy 2000".

Thursday, December 7

Chelmsford Branch, Pharmaceutical Society, Chelmsford and Essex Hospital Academic Centre, at 8 pm. Ladies evening. Mr H. Crawford on "Diamonds".

Crawley, Horsham & Reigate Branch, Pharmaceutical Society, Upjohn Ltd, Crawley, at 8 pm. Professor V. Marks on "Why measure drug levels in blood?".

Hounslow Branch, Pharmaceutical Society, Lecture theatre, West Middlesex Hospital, Twickenham Road, Isleworth, Middlesex, at 8 pm. Mr J. D. Squire (Squire's Garden Centre, Twickenham) on "The care and attention of house plants".

Liverpool Branch, Pharmaceutical Society, Adelphi Hotel, Liverpool, at 8 pm. Mr B. Gould on "Treasure hunting in the Caribbean".

Slough Branch, Pharmaceutical Society, King Edward VII Hospital, Windsor. Joint meeting with BMA. Dr M. F. Beeson on "Allergic responses to drugs".

Society of Cosmetic Chemists, Royal Society of Arts, 6 John Adam Street, London WC2, at 7 pm. Ladies' evening. Mr T. R. Scrutton (Polak's Frutal Works Ltd) on "The evolution of cosmetics".

Thames Valley Pharmacists Association, Winthrop House, at 8 pm. Mr H. G. Moss on "Wonderland of North America".

Wirral Branch, Pharmaceutical Society. New Brighton, 8 pm, Ten pin bowling.

Worthing & West Sussex Branch, Pharmaceutical Society, Postgraduate medical centre, Homfield Road, Worthing, at 8 pm. Dr Colin Duncan will give a "Receptor resumé".

Classified Advertisements

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Notice to Pharmaceutical Companies

The attention of pharmaceutical companies is drawn again to the provisions of the

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These regulations extend a system of licensing to proprietary medicines which were already on the market before 1 October 1974—the date on which the initial licensing scheme was introduced. These products are being licensed in a phased scheme which will be completed in 1983.

The products in the **FOURTH CATEGORY** for review i.e. **ANAESTHETICS, STIMULANTS, CARDIOVASCULAR, HAEMATINICS** may not be on the Irish market after 31 March 1980 without the authorisation of the Minister for Health.

Pharmaceutical companies intending to continue the marketing of these products should send their applications for authority to do so to the Drugs Division, Department of Health as soon as possible and before 1 April 1979 to avoid interruption of marketing arrangements.

Notes on applications for authorisations may be got from: **Drugs Division, Department of Health, Custom House, Dublin 1.** Telephone No. 714711 Ext. 89. Telex 4894.

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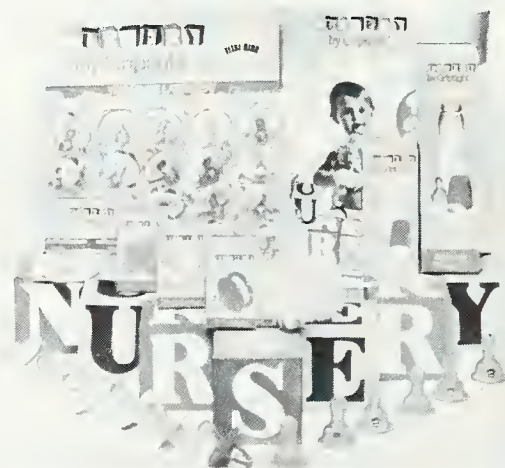
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